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ARTICLE I.

LECTURES ON MILITARY SURGERY:

DELIVERED DURING THE SUMMER COURSE OF THE MEDICAL DEPARTMENT OF LIND UNIVERSITY.

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LECTURE SEVENTH.

SCURVY.

When men are confined for a long period to a diet, exclusively salt, especially if it is accompanied with a total absence of fresh vegetables, they are apt to become scorbutic. Hence, camp life occasionally gives rise to this disease, and it requires the full consideration of the surgeon. It is disputed whether scurvy is caused by excess of salt, by deficiency of fresh vegetables, or by deficiency of potash in the diet. Each of these theories has its advocates, but the limits of the present lecture, do not permit a full discussion of their merits. Fortunately, there is no obscurity in the practical directions for preventing and curing this disease, and indeed it is now almost banished from the public service.

Formerly, this pest scourged the crews of almost all vessels on long voyages, and the camp of almost all armies. So disastrous was it, that a man-of-war would often have scarcely sailors enough on duty to work the vessel into port. In voyages to the polar regions it was particularly troublesome, and the prevalence of cold, darkness and hunger were there

considered causes of its onset. Dr. Hays, the surgeon of Dr. Kane's expedition, made some interesting observations in the polar regions upon the causes of scurvy, which are worthy of remark. In the crew of the *Advance*, it was observed that scurvy afflicted them whenever they were confined to a salt diet, but not otherwise. On one occasion when a party was sent out for a long trip in the darkness, the following facts were noted. The men, thus sent out, ran out of provisions and were obliged to subsist on fresh, raw walrus-meat, and only a starvation supply of that. They slept in the open air, and were exposed not only to cold and darkness, but to exhausting labor and starvation, yet no scurvy appeared among them. They also ascertained that the Esquimaux, who are often reduced to famine, but who subsist entirely on fresh food, never have scurvy. During all this time, those who remained in the vessel, free from hard labor, well clad and warm, and abundantly supplied with salt food, suffered severely from the disease. Among public institutions, such as prisons, orphan asylums, etc., the disease sometimes appears, even when no remarkable amount of salt is consumed, if the supply of potatoes or other fresh vegetables is neglected.

In practical management, the following conclusions are established: First—if men are kept solely on salt food and have no fresh vegetables, scurvy will always appear, after a time. Second—any depressing influences, such as cold, hunger, over-exertion, darkness, debility, or despondency will predispose to the attack, but if the corps has a full supply of fresh meat, bread and vegetables, then scurvy will not be troublesome.

This very statement shows what is to be done. Among the vegetable productions, lemons and potatoes have the highest anti-scorbutic reputation. Lemon juice is taken to sea in large quantities, and successfully given to the men in the navy, as a prophylactic. In the army, potatoes have been lately added to the rations, which is undoubtedly a highly important improvement. In our western territories the officers of our army have found the wild artichoke to be an effectual prophylactic and remedy for scurvy, and they also report that the Indians

who live, in winter, on buffalo meat, and without salt, and on dried berries, never have the disease.

Symptoms.—Scurvy is manifested by a pale countenance, depression of spirits, a great muscular debility, and unusual indisposition to exertion. One early symptom, is a spongy, swollen condition of the gums, with a tendency to bleed upon the slightest touch. In bad cases, teeth become loosened, and even drop out. The tissues of the whole body seem to be in a state of starvation, so that absorption predominates over nutrition. Hence the walls of the blood-vessels become thinned and weakened, so that spontaneous extravasations of blood occur to a great extent, which coagulate and form hard lumps in the flesh. The same poverty of nutrition appears in other organs. Thus old cicatrices, which are imperfectly supplied with blood are entirely absorbed, leaving the wound to open again. Pains occur in various parts of the body, hemorrhages from the mucous canals are common, and fainting takes place on the slightest exertion. Various complications may intervene, and ultimately death occurs from exhaustion or from syncope.

The treatment of this disease is mainly dietetic. The patient must be taken at once from his salt rations and kept on fresh food of all kinds, and especially fresh vegetables and fruits. In this way recovery is almost certain. Special complications may be treated on general principles as they arise, and tonics may be given to increase the strength. On the whole, there is no branch of medicine which yields more certain results than the established treatment of scurvy.

DIARRHŒA.

In all armies in active service, diseases of the bowels are the principal causes of admission to the hospitals.

Diarrhœa and dysentery slay five-fold more than the sword. The causes of this singular fact seem to be as follows: The men in volunteer armies are brought to a complete change of diet, which always tends to excite activity in the mucous coat of the intestines. To this is generally added a change of climate, often from cold to hot, which acts precisely in the same

manner as a change of food. The necessity also of sleeping upon the damp ground, the constant exertion of marching and drilling in the hot sun, and the fact that nearly all campaigns are in the summer season, are abundant reasons for the fact that almost every recruit, within two months of entering service, has an attack of diarrhœa of greater or less severity. Miasmatic influences, and imprudent indulgence in eating and drinking, also come in as occasional causes.

The treatment of camp diarrhœa is different with different surgeons. Dr. Tripler, Medical Director of the Department of the Potomac, and an old army surgeon, is partial to using saline cathartics. When the patient is first seen, he simply gives from half an ounce to an ounce of sulphate of magnesia. After this has operated, the bowels remain quiet for a time, and in mild cases no further interference is necessary. If, however, the case is more severe, he gives opiates and astringents after the operation of the medicine, to prolong as much as possible the stage of quiet. When the tendency to discharges begins to return, he administers another dose of the cathartic, followed, if requisite, by opiates and astringents again. In many cases, he gets along with nothing but one, two, or three doses of the magnesia, no opiates being used. In general, it will be found that the newer the recruit, and the freer the climate from malaria, the freer is the case from typhoid tendencies, and the simpler the treatment required; while the longer the troops are crowded together in unhealthy camps, and the more malarious the climate, the more the disease takes on an epidemic character, and the more unmanageable and terrific does it become in its ravages. Mercurials must be used with discretion, and with proper regard to circumstances. In vigorous new recruits, especially in malarious western regions, a little blue mass often assists very much in the cure.

The following prescription does excellently for such cases:

℞ Mass. Hydrarg, - - - grs. xv.
Acet. Plumb, - - - grs. xx.
Pulv. Opii, - - - - grs. xv.
M. ft. pil. No. xx. Take two after every discharge.

In the really epidemic bowel diseases which break out frequently in camp, mercurials must be used sparingly, as the

cases are of a typhoid character, and the depressing influence of these articles is to be avoided. In short, the surgeon must study the type of the disease, and the diathesis of the men, and adapt his treatment to the particular condition existing at the time. In general, if a diarrhœa is at all obstinate, it will be found impossible to restrain it permanently by opiates and astringents alone. The secretions of the mucous membrane are depraved and irritating in their character, and when they accumulate they increase the inflammation of the alimentary canal. Whenever this occurs, the bowels, though previously made quiet by the treatment, begin again to act. The surgeon, without waiting for the irritation to return to its full height, should clear out the *primæ viæ* by a gentle cathartic, such as sulphate of magnesia, castor oil or rhubarb. The operations of these medicines are by no means as exhausting as the discharges produced by the disease, and after they are over, the bowels are again favorably disposed for a season of quietude, which may be prolonged by opiates and astringents. In this way, alternately moving the bowels by medicine whenever the irritation demands it, and quieting them by suitable means in the interval, the case will generally progress to a rapid cure. During treatment, the patient should remain at rest, either in hospital or in quarters, and not be allowed to go out of camp nor be put on duty.

In the chronic stage, or in adynamic cases, the turpentine emulsion will be found very useful. A combination of turpentine emulsion, strychnia and nitric acid is highly efficient. The following is a convenient formula:

℞ Ol. Terebinth., - - - ℥i.
Acid. Nit. dilut., - - ℥ss.
Strychniæ, - - - grs.ij.
Syrupi, - - - ℥jss.
Gum. Acac., - - - ℥ij.

M. fiat emulsio. Dose: a teaspoonful every three hours.

The turpentine and other stimulating remedies of course must not be given in the stage of active irritation, but only in the diarrhœa of debility.

DYSENTERY.

This disease consists, essentially, of an inflammation of the coats of the colon and rectum. The same causes that produce diarrhœa may also result in dysentery, and accordingly we find that it is one of the most fearful scourges of camp life. It is marked by frequent discharges from the lower bowel, accompanied with griping pains, and tenesmus, bringing away abundance of transparent mucous stained with blood. The severity of the suffering is often very great. In bad cases, the disease assumes all the constitutional characters of typhoid fever. The tongue becomes dry and brown; a low fever, with delirium may supervene, accompanied by feeble pulse and disturbed respiration. In the more adynamic cases, the tenesmus at length ceases, and the tenacious mucous is no longer secreted, but a mixture of blood and foul serous fluid escapes from the anus without straining, or even consciousness on the part of the patient. In some cases the disease is epidemic, typhoid in type, and terribly fatal. If it runs on to the chronic stage, there is generally ulceration of the bowels, and almost always a fatal result.

The treatment in mild cases is almost identical with that of diarrhœa. We find it necessary, however, to use opium freely to subdue the pain, and to prevent the excessive and irritating activity of the muscular coat of the bowel. The same principles as to the use of alteratives, astringents, cathartics, terebinthinates and tonics, will guide you here as in diarrhœa. There is, however, one resource which is peculiar to dysentery, and that is the use of injections. The inflamed surface of the colon is actually as accessible to topical applications as though it were on the external surface of the body. In the more sthenic cases, however, the muscular activity of the bowel is so great that injections are not well borne. The distention excites violent contractions and pain, and thus does more harm than good; but in the adynamic cases marked by feeble contractions, and a disposition to discharge blood and serum without much effort or pain, injections are well borne and very efficient. In such cases, largé clysters of solution of nitrate of silver, forty grains to the ounce, have been thrown up not only without injury,

but with decided benefit. This has, however, seemed to me a rather harsh treatment, and I have used, in preference, strong solutions of alum and tannin with the most gratifying effect. A single injection, after the following formula, sometimes stops the discharges of blood permanently:

℞ Acid. Tannic., - - - - grs. xx.
Aqua, - - - - - - Oj.
Aluminis, q. s. ut solutio saturata sit.

This is to be injected in large quantity, and if requisite, retained in the bowel for a few minutes, by pressing a napkin firmly against the anus.

As in diarrhœa, the utmost quiet must be enforced upon the patient, and the peculiarities of type and diathesis thoroughly considered in shaping the treatment.

THE OTHER medical diseases which occur in camp life, do not require a separate consideration, as their treatment is the same as in private practice. The only point about them to which I would direct your attention is the fact, that they are very often epidemic, and have the typhoid character common to most other epidemics.

I HAVE now completed my course of lectures upon Military Surgery. In such a brief series, I have necessarily omitted many things which it would be of great interest to discuss; nevertheless I have set before you all the main points of military practice. I have displayed to you, upon the dead subject, all the remarkable peculiarities of gun-shot wounds, and given a brief but tolerably comprehensive outline of the chief accidents common in war, and of the principal diseases prevalent in camps. I trust that the attention you have given these topics, will fit you better for the service, and that in some coming hour, on the battle field, you will realize practical advantages from the discussions we have held upon these important themes.

GLYCERINE, by its strong affinity for water,—acts, in kind, as an escharatic, on raw or mucous surfaces; and some practitioners, for this reason, dilute it one-fourth.

ARTICLE II.

FRAGILITAS OSSIUM.

By ORRIN SMITH, A. M., M. D., Chicago.

A Paper, read at the October Meeting of the Chicago Medical Society, Oct. 18th, 1861.

JUNE 16, 1860.—I was called to see Mrs. G. W. Field, living on North Wells street, aged 40, who had been suffering some years from scirrhus of both mammæ and the glands in the right axilla; the physical signs and symptoms also denoted scirrhus deposit in both lungs, and in the mesenteric glands. The respiration was hurried, to some extent, the respiratory murmur considerably obscured over most of both lungs, with dullness on percussion, and a small secretion of frothy mucus, which did not at any time become abundant. She had a very constant irritative cough, not relieved by expectorants, and only moderately so by anodynes and stimulants, of which she made but a very moderate use. The stomach, for some months after my first visit, digested light food, in moderate quantities, without a great amount of suffering;—still nutrition was never well performed after I saw her, and she continued to lose flesh and strength gradually, the blood-vessels carrying only a moderate amount of blood at any time subsequently. Her pulse was small, irritable and quick; tongue slightly covered with white coat. She had considerable tenderness over the region of the mesentery, and most of the time, an uneasy, painful sensation. As emaciation progressed, enlarged mesenteric glands could be felt through the thin integuments of the abdomen. There was soreness and swelling of the joints of both hips, and some in the knees, accompanied with much pain, and all the usual phenomena of sub-acute rheumatism, which soon yielded to appropriate treatment, although she was never, after I first saw her, entirely free from pain and tenderness along the sciatic nerve. The spinal cord and the muscles along the spine, also suffered, at intervals, from this rheumatic condition, during the remainder of her life—so much so, that from pain, lameness, attenuation and consequent weakness, she was unable to walk

without the assistance of friends, or supporting herself with her hands. The bowels were easily kept soluble by properly regulated diet; indeed, were more inclined to be too loose than otherwise, until the two last months of her life,—as in all cases where diseased mesenteric glands are interposed between the functions of digestion and nutrition. The emaciation became so extreme, that not only the fatty matters were re-absorbed, but the other animal tissues were called upon to that degree, that she distinctly felt and appreciated the want of the animal tissues in the bones, and frequently cautioned her assistants to move her carefully, or they would break her bones,—she, evidently, feeling a want of tenacity in these structures.

Two days before her death, while in a paroxysm of coughing,—a paroxysm not characterized by great force,—while sitting, well supported and bolstered in her chair, she broke the right femur, with a transverse fracture at about the upper third, by the contraction of the muscles, aided, perhaps, by an uneven pressure of the pillow upon which she sat, although she was not conscious of any such inequality. After the fracture, she remained sitting in her chair until I arrived to dress her limb,—a period of about an hour—when I found the broken ends of the bone in contact, and elevated to an angle of about forty-five degrees, making a great deformity. The fracture gave but little or no shock to the system, and was not very tender or painful, and of course not followed by any amount of re-action. It was dressed in the usual way, with the many-tailed bandage and splints. The muscles of the thigh were so attenuated, that after the application of the bandage, the limb more resembled in size, a small arm than a thigh. The limb was well secured by splints, so that it could be moved without danger of misplacement, as her difficulty of breathing and necessities might require, and then rested on a double-inclined plane, and the friends instructed to remove and re-adjust the same as she might desire,—the object being the patient's comfort, no union of the fracture being expected. Her principal sufferings at this time, and for months previous,

were from the want of nutrition, and its consequent thirst, languor, and exhaustion, which were very great.

Two days after the fracture of the thigh, while sitting bolstered up in her chair, with a lady friend supporting her forehead with one hand, and the other over the upper dorsal vertebræ, during a paroxysm of coughing, a distinct snap, or fracture of the bones of the neck was felt by the attendant, and heard by her, and also by all in the room. Her respiration was instantly suspended, and they laid her on the bed; her pulse continued to beat, they judged, for the period of ten minutes, but there was no respiration.

It may also be added, that when the thigh was broken, the fracture was distinctly heard by all in the room. And she immediately said before any examination was made, that her thigh was broken. The little force which it took to fracture her bones, can be inferred by the want of muscular tissue, as before indicated. I did not see the body after death, until it was placed in the coffin, when, on examination, I found more than ordinary motion about the region of the two upper vertebræ of the neck, and have no hesitancy in believing that she died from compression of the spinal cord, consequent on a fracture of these bones, occurring August 1, 1861, a period of a little more than a year after I first saw her.

I am also informed by her husband, who is a man of the strictest truth and integrity, that a sister of hers died in June previous, with scirrhus of about the same length of time; and that a day or two before her death, while lying in bed, she broke both femurs, simultaneously, near their union with the bones of the pelvis, during a fit of coughing. Her history, as I received it from the above authority, would be very nearly a transcript of this paper.

It is suggested that soldiers be instructed to micturate, before going into battle, with a view of lessening, by the diminished size of the empty organ, the chances of wounds of that viscus, and the consequent frequent and fatal complcation—peritoneal unrinary extravasation.

ARTICLE III.

THE SURGEON:

AN INTRODUCTORY LECTURE, DELIVERED BEFORE THE MEDICAL DEPARTMENT OF LIND UNIVERSITY, SESSION 1861-2. OCTOBER 14, 1861.

By Prof. E. ANDREWS, A. M., M. D.

Published by Request of the Students.

GENTLEMEN:—We live in an hour, such as comes to men but once in a lifetime. Medical science and art, which have hitherto illumined the hours of peace, are summoned to the battle-field to front the grim realities of war; and not only our profession, but all others are mingled in a struggle which moulds the characters of millions, and which will stamp the impress of the coming century.

At such a time, I cannot talk to you of common petty interests apart from the influence of the great convulsion. It is War that speaks, not I. I must talk to you as men to be moulded by the influence of this tremendous hour, for the destinies of another age than that which has just past.

War is a moral tonic. It comes to the social world, as the whirlwind and the earthquake come to the natural. It finds many flimsy, social fabrics in its path, erected for the time of peace. They are cheaply glorious with paint, and gorgeous with stucco, but the sweep of the tempest bears them away like chaff in its passage, until that which is truly strong and giant-like, alone remains.

In times of long peace, men lose their hold on strong first principles. They plan flimsy and insecure schemes of business; their social fabrics are artificially painted, and stuccoed and bedizened with nonsensical observances. Education grows out into distorted and strange forms, and even the learned professions spin theories frailer than cobwebs, and take to forming artificial rules of conduct, and false notions of their relations to the rest of the community.

So then, I, for one, rejoice that this war has come. Not only *our* profession, but others, and the social and civil organizations themselves, have grown up too rank and luxuriant for

safety. They need the tossing of the blast to harden their limbs, and the shock of war to consolidate their strength.

I know that the evils of war are great. There is paleness on many brows. For the first time the nation is shaken by a real danger, and sees flapping over her stars, the wings of a tempest whose thunders mutter of final dissolution. But in hours like this, God renovates communities, and purges away their errors, their luxury and their corruption. It is with throes like these that heroes are born—amid convulsions such as these, nations grow giant-like, and renew their vigor, their youth and power.

Americans had come to fancy that all their institutions were to be established forever, without a struggle. They verily thought that the duty of defending their country was one which could never be practically exercised. Even our civil freedom, since the throes of her birth, has not been put to serious peril. Her infancy was cradled among the green valleys of the east; in childhood she sported securely on the shores of the great lakes; and on the prairies of the west, we have watched with pride the rounding cheek of her youth; but now her majority is attained, the hour of her bridal draws near; this day freedom weds with the sword, and pours out on the battle-field, the red wine of her marriage feast.

In times like these, there are no sluggards: the very air is full of electric life, and honest vigor of action becomes a luxury. Let us, therefore, who are not called to the battle-field, where some of us may lay our bones before another year, let us take a new view of our privileges, responsibilities and duties with the truthful vision imparted by this auspicious hour.

If I am equal to the occasion and the theme, I wish to portray to you to-night, the character of the *True Surgeon* for the present and the coming time.

First, then:—What is demanded to constitute a good surgeon? I answer,—the primary requisite for a good surgeon, is *to be a man*,—a man of courage, a man of moral rectitude, a man of broad views and noble sentiments. Narrow-minded, mean-souled, little-brained men, ought never to

plunge into the learned professions. Their circumstances bewilder them; they become entangled in their learning like a fly in a cobweb; their language is barbarized by technical phrases; their mental vision is obscured by professional squints, and their hearts, cut off from the great life-current of humanity, dry up to nonentities. Such men never grasp the grand and inspiring truths at the core of their profession, but flounder bewildered among its accidental surroundings. Hence, we have lawyers, learned in statutes and decisions, and reckless of justice; clergymen, deep in theology, and devoid of religion; and surgeons, skilled in anatomy and profoundly stuffed with technicalities, but perverted in judgment, rotten in morals, and destitute of sympathy. In one word, they are *not men*; they are only the dried-up shells of preachers, lawyers and doctors, with all the manhood blown out of them.

Among the particular traits which go to make up a manly character, one of the first, and one which is eminently necessary to a good surgeon, is courage. In battle, a portion of the surgeons go with the line, and dress the wounded under fire. In the Crimea, the British surgeons dressed the wounded in the trenches where they fell; and the results, both in their wars and our own, show that bullets have no natural repugnance to killing medical officers. Unless, therefore, a man can tie up an artery with a cool head and steady hand, while the bullets are singing past him, he will not do for a surgeon. Again, he must sometimes walk his hospital day by day, when it is filled with contagious and pestilential disease, breathing an air more deadly than that of the battle field. If he cannot do this without flinching, he will not do for a surgeon.

And again, in civil practice there are cases which quick, skilful, and daring action alone can save; an instant only is given for a human life, and the surgeon who is aghast and hesitates at the emergency, loses his patient. I tell you, gentlemen, these moments will test your courage more severely than bullets whistling across the line of battle.

Another requisite of high professional quality, is breadth of

knowledge, not only of the practical branches, but of those general and preliminary topics which are necessary to constitute a well-educated man. The intensely practical character of the American mind has unfortunately misled many students as to the real requisites of high success. Every year, medical teachers receive applications from men who desire the honors of a diploma, but wish to be excused from attention to, what they call, the non-practical branches. They imagine that but little more is necessary for a physician than theory and practice, materia medica, and obstetrics; and for a surgeon, than anatomy, surgery, and a case of instruments. One man who claimed to be eminent already in surgery, objected to pathology as not practical; it was not necessary to study the nature of the disease, the practical thing was to cure it. God help his patients; I think they had better send for a butcher, as being the more practical man of the two.

Gentlemen—true eminence is not built on such small foundations. The old kings of Egypt erected many vast pyramids, which have defied the assaults of time, but none of them were built with the small end downward. Make broad the foundations, and then build on them with a liberal hand. There is a great error prevalent as to what is really practical; an error which has consigned to hopeless inferiority, many a capable young man. Common sense, which is another name for a well-balanced mind, is essential in all professions; hence, everything is practical to a surgeon which gives him breadth of thought, evenness of judgment, and influence in the community.

The fact that some men have achieved notoriety on what, at first glance, seems a very narrow basis, is no contradiction of my position. A closer examination of the characters of these men, show that they are all of two classes. First, men who have blown up a kind of balloon-greatness by a special talent for imposing upon the public; and secondly, men who have made good their early deficiency by industry and superior natural capacity for gathering knowledge. The latter will always be found to have acquired in this way, a broad foundation before they attain any substantial eminence.

There is no doubt, whatever, that if circumstances permitted, it would be better for every young man to take a four years' college course, before commencing his proper medical studies, though at present, such an extensive preliminary course is out of the reach of many, who may yet become superior surgeons and physicians. But fortunately, knowledge is power, however obtained, and the man, who, by industry will acquire it, though it be by hours and moments, stolen from other occupations, may reap its full fruits. Now, gentlemen, the way to commence is very plain. It is perfectly easy to point out a course, by which a young physician, even of deficient preliminary education, can become the recognized superior over most of his fellows of equal natural talent. He must, like Elihu Burrit, the learned blacksmith, make up by after study, his lack of early advantages.

The first years of a practitioner's life are not usually fully occupied with business. Of the leisure hours on hand, let one-half be devoted, for six years, to general literature and science, and the other half to reading, writing, and hard thinking directly upon his profession. I guarantee to any young practitioner of fair capacity, who will do this faithfully, a superiority over his fellows, which will be publicly known and recognized during the rest of his lifetime. A good education necessarily implies a variety of knowledge. Each kind of study leaves only its own special mark on the mind, and hence, acquisitions of several kinds are necessary to a full development. The languages are of constant use in prescriptions, and in technical terms; but besides this, the exercise of translating gives a man ease of grasping thought, and facility in expressing it. Mathematics confer precision of reasoning, and accuracy in mechanical contrivance, which a surgeon especially requires; while natural sciences give breadth and scope of thought. I earnestly urge a liberal knowledge of these various branches. But beware of becoming so entangled in the meshes of your studies, that they become master of you, and not you of them. A few men become so fascinated with these pursuits as to follow them to the exclusion of all professional improvement, and to the loss of public confidence in business. You should

pursue them not as an end, but as a means, in order that by self-culture, you may bring to your professional duties a finer and more powerful mind—that you may become more perfect men, more splendid surgeons.

Some physicians have become so enamored of literature, as to actually forsake their profession for it. Some have studied mathematics and forgotten physic, and others have followed metaphysics until they have lost sight of earth altogether.

There is a class of men who become so absorbed in natural science, as to forget and neglect their proper surgical and medical studies. Endowed with unusually sensitive minds, their contact with nature in her magnificent solitudes, begets a joy that abstracts them from the more puny operations of art. The mental effect of this error is peculiar. A man may contemplate the beauty of mountain cliffs, of misty valleys, of stars and rosy sunsets, until he undervalues by comparison all other things. He may wander, so to speak, in the secluded valleys of science, where the south-wind rustles warm in the foliage, where the streams babble, and the wild vines trail their purple clusters, until like Actæon rashly beholding the beauty of Diana, his nature is changed and loses its manhood. He becomes too shrinking and sensitive to deal with the disease, ugliness, and depravity of man. In fact, he has reposed so long amidst the beauty of the works of God, that he is no longer fit to come out and do battle with the world, the flesh and the devil. It is true such men are very estimable, but they are not practical. Contact with the world stings them sorely, and they retire constantly to the shelter of their favorite studies, until at length the world says they are very learned, but too fussy, and too much devoted to birds, insects, plants and snakes to attend properly to the wants of the sick. Study natural sciences therefore, not to an inordinate excess, but just enough to cultivate that breadth of thought and gentleness of heart required by a true and noble surgeon. Other branches of general learning require similar cautions. You are not to become eminent in them, but you must make use

of them, to render your intellect quick and bright, and kindly and strong in your professional duties.

One thing which is necessary to a sound and reliable surgeon, is an integrity beyond the reach of selfishness, and a sense of honor above the possibility of stain. There are occasions in surgery, as in all other arts, when sacrifice of principle may yield a temporary advantage. A tumor may be excised to the great astonishment and admiration of the beholder, but not always to the advantage of the patient. A limb may be amputated for a large fee and great eclât, when to save it would yield less pay and no renown, for the extra labor involved.

I am sorry to say that there are men who allow their judgments to be warped by these considerations, and who will even act with entire recklessness of a patient's welfare, for the sake of a brilliant surgical operation. In short, they are scoundrels, and men who put themselves under their charge, fare as men do, the world over, who trust their interests in scoundrels' hands.

Such surgeons are no common villians. Other men may have palliations for their crimes. The thief may be in want, the ambitious man only desires power, whose exercise may be correct, and even the revenger flatters himself that he is exercising a species of justice; but for him, who has dipped his hand unnecessarily in living blood, who shall seek an extenuation. His heart is no longer that of a man, but of a hyena, that cannot wait for the dead to glut its desire. There can be no more pitiable sight than an old surgeon, at the end of his days, who has lived such a life. He has spent his time amidst horrors and bloodshed, without a single noble incentive to soften the ugliness of the retrospect, and we may well believe that the memory of the murdered will haunt his dying pillow. But of you, we expect better things,—things worthy of this inspiring era, when the very air is full of the cry, *Quit yourselves like men!* Let your memories be those of a surgeon who has done his whole duty. He has saved the shattered limb, and restored it to vigor; he has cleared the vision of the blind; he has laid his hand where the crimson blood was spouting out the life, and stayed its flow. He

has insulted Death in his own dominions, and flung the monster off, after he had fastened on the very throat of his victim. Life is longer, and humanity is happier for such a man's existence.

Since the very object of our profession is to relieve suffering, it may seem strange that any advice should be offered on the subject of humanity; but just as the almoners of public charity, by constant contact with pecuniary distress, sometimes become the most hard-hearted towards the poor, so surgeons may become callous, by the constant presence of suffering, until they are not only cold and heartless in manner, but actually brutal and reckless of pain in their operations. It is to be regretted that some teachers of surgery, now dead, but who were men of talent while they lived, have exerted a most pernicious influence in this regard. It was said by the old Latins, "*nil de mortuis, nisi bonum*,"—nothing but good should be spoken of the dead; but I prefer the still older maxim of the Egyptians, that "the dead must abide the judgment of the living." I repeat, therefore, that some men of excellent attainments and great mental power, have, during their lifetime, set an example of brutal roughness of manner, which has had a most disastrous effect upon their disciples. Young men impressed with the splendid skill and commanding talents of these instructors, have naturally imitated their faults, fully as much as their virtues. Accordingly, there are in almost every part of the United States, some practitioners, who, to this day, believe that a domineering harshness of manner, set off on great occasions by a few paragraphs of profanity, are the genuine marks of a superior surgeon. Nothing can be more erroneous. The ancient ideal of a true knight, is just about the real model for a surgeon. A courage that never wavered in front of danger, and a heart that was never cold to distress,—kind, courteous and brave. Of the famous Chevalier Bayard, the praise was, "*sans peur et sans reproche*."—without fear and without reproach. Another bold warrior, after his death, was thus lamented,—"And thou wert the kindest man that ever put spear in rest." An epitaph, that could hardly be put on the tombstones of some

of our departed surgeons. I am well aware that a surgeon should be calm. His sympathy should not boil over into a hysterical excitement; it *must not disorder the lightest motion of his hand;* but he must carry in his heart, that abiding kindness which will insure him against exciting a single useless terror in the patient's mind, or a single needless pang of bodily pain.

Among the qualities of a true surgeon, not the least important is his enthusiasm, for on this depends his enjoyment, and consequently, his diligence in his work. You occasionally hear men say, that the *study* of medicine and surgery is very interesting, but the practice is tedious and dull. Now I can assure you, that to a well-trained mind, this is an unmitigated lie. Practice is dull, only to those who do not think, reason, and study about their cases; in short, who are routine practitioners, not acting from the deductions of a living reason, but raking forever among the ashes of a dusty memory. Make your practice a perpetual study, and it will be a perpetual enjoyment. To him who attentively thinks of all his cases, the truths of nature unfold themselves in wider and wider fields. Every day you reach a higher stand-point, and a broader view, every week you master some practical difficulty, and every year you learn to conquer some bodily evil, which before defied your efforts. Progress, like this, will make any man enthusiastic, and the enthusiastic man is happy.

But if a man considers his education complete, when the seal is applied to his diploma,—if, instead of continuing to develop, he merely subsides into a mechanical way of taxing his memory for rules of practice, he will certainly not find it agreeable. There is a class of such physicians who grow worse as they grow older. Their very experience is a danger to them!—they learn nothing by it, and in fact, are never as good practitioners as when they first graduated.

Gentlemen,—set it down as certain, that there is something wrong about an old physician who thinks that practice is not interesting. Among well-balanced minds, there are, however, some which naturally give preference to medicine, and others to surgery; so that to a certain extent, this division of

the profession into two parts, marks two classes of minds. This preference depends on differences of the two positions, and the relative mental qualities brought in play. Thus medicine requires more breadth and philosophical depth of thought than surgery, but less precision and mechanical ingenuity; and accordingly, minds seek the sphere which best indulges their favorite bent. There is a difference, too, in the social relations of the two classes. A good physician secures a warm, earnest attachment from his patrons. There is a circle of families who look on him as a permanent and confidential friend, and whose attachment is not valued by him at its mere product in dollars and cents. A man of fine sensibility cannot but highly prize this steady and earnest regard, which is the reward, peculiarly, of medical skill, and moved by its stimulus, he will naturally engross himself, more and more, in that kind of practice. The surgeon, on the other hand, has a less warm but a more glittering reputation presented to his ambition. His patrons are transient. They come, perhaps, hundreds of miles for a single operation, and being relieved, return to their homes, and disappear from the circle of his acquaintance. Of course, they cannot stand in the relation of intimate daily friends. To balance this, they look upon an eminent surgeon much as they do upon a renowned soldier. They yield the tribute of high admiration to one who dares to put his hand to the machinery of life, and can, with impunity, take out its living wheels. If a surgeon's renown is less warm than a physician's, it is wider and more splendid.

As might naturally be expected, surgeons and physicians, considered as classes, have each their peculiar faults and virtues. As surgical appliances are less complex, and more easily understood than medical, so surgeons, on the average, are more clear and accurate in their ideas than physicians, and less in danger of running away into obscure theories, which neither are, nor can be definitely proved. Even quacks are obliged to keep somewhere near the truth, when they meddle with surgery. But on the other hand, these very advantages draw many inferior men to the surgical ranks. As surgery is easier to comprehend, too many of its votaries

are superficial and narrow—not possessed of sufficient philosophical power to grasp easily the truth of medicine. As its renown is glittering and brilliant, it attracts men, too often, who are more cold and selfish, than physicians—men incapable of warm friendships, over eager for notoriety and greedy of gain. So it has been in time past. I call upon you to take this stain away from the profession, by bringing to it hearts full of generous emotions; hearts whose rich pulses of youth live on in riper age; hearts that love nobleness and despise meanness, and that feel for the sufferings of the afflicted.

The difference of mechanical talent in different men, is a reason, also, why they love this art in unequal degrees. A first-rate surgeon must be a natural mechanic. This trait depends mainly upon the clear conception and easy memory of forms, localities and distances. To him that possesses it, the human frame is transparent, with all its nerves and vessels; his mind's eye sees through the clotting blood of wounds, to the vessels that yield the stream, and his unerring finger makes out with mathematical certainty, the nature of injuries, which others fumble over in vain for a solution. To such a man the human frame is plastic, and is moulded to his wishes; while to another, it is full of dangerous accidents to alarm the unwary operator.

Mechanical ingenuity is also necessary in devising, changing, and applying instruments. A million of dollars will not buy sufficient instruments for a man who has no ingenuity, while he who has this talent, has an armament in his brains sufficient for every purpose, and which will get him out of every difficulty. One man will amputate a thigh, creditably, with only a penknife and a gimlet, while another will bungle the operation, though he have an instrument-factory full of knives and saws.

The last and greatest qualities which I mention for the surgeon, are *knowledge of the art, and industry for its improvement.* Let no man touch its threshold who is not determined to add to its resources by discoveries of his own. We have already made great advancement, since the day when

chloroform was unknown, when smooth cuts were stuffed with lint, and stumps, after amputation, had to be dipped in hot pitch, to stop the blood; but still greater things await us in the future, and he that seizes on new truth, and embodies it in practice for the benefit of man, is doing service for all time.

The history of the past is finished and sealed up; its virtues and its errors were great, but let the dead bury their dead. To-day, God opens a new volume in the nation's history, whose very first page is blazoned with war and carnage, and calls for men of sterner and of loftier mould than before. Come up to the great work of the age, and do your part like men, and the results will place you among the world's benefactors.

I believe in the onward destiny of the human race, and I desire that our profession shall play an honorable part in the world's increasing progress. Make yourselves, therefore, superior to the fathers, and be ye ready for the coming hour. Heaven rules over the convulsions of nations, and works from each, a higher destiny than before. After a time, peace will return, ladened with worthy fruits, and when at length the destined changes are wrought out, and the gorgeous fabric of a new civilization shall be complete, no shadow dimming the splendor of its halls, the united nation will rejoice in it, and God, looking upon his work, once more pronounce it very good!

ARTICLE IV.

THE MERCURIAL TREATMENT OF MORBUS COXÆ.

By W. GODFREY DYAS, F.R.C.S.

A case of hip-joint disease has lately presented itself to my notice, which, though not itself remarkable for any special interest, yet recalls to my mind, some points in connection with this form of disease that may be not unprofitably considered. The case is that of a child, five years old, with the right lower extremity, for several months past, deformed,

painful and lame. The diseased limb is not merely to appearance, elongated, but it is really so, for on placing the child on his back, and putting the spinous processes of the ilia on the same line, real elongation is manifest. On looking at the patient behind, some curvature of the spine is apparent, but on further examination, it would seem to be caused merely by position. The child has become thin, and his appetite is impaired, but as yet, no serious inroads have been made on his system. When he stands, his right foot is advanced, the leg being slightly flexed on the thigh and the thigh on the pelvis, the toes alone touching the ground. On gently pressing the head of the femur against the acetabulum, or on pressure in the groin over the front of the acetabulum, pain is complained of. Thus far I present the outlines of the case, which may be recognized as one of morbus coxæ. Its features are, as might be supposed, sufficiently marked, to prevent their being confounded with the signs of any other affection; yet, notwithstanding, the case, as I am informed, has been pronounced by some, one of dislocated femur, and this opinion has been accompanied by the recommendation not to interfere with it, owing to its long standing; whilst others, with more correct notions of diagnosis, in recognizing it as morbus coxæ, have been satisfied with restricting their efforts to prescribing the use of Sayre's splints, omitting all other curative measures whatever. It is not my intention to write a formal and methodical treatise on this subject. My object is simply to advocate the claims of a plan of treatment in the cure of this disease,—certainly not to the exclusion of others, but as being that which, in certain stages of this affection, is attended with more beneficial effects than are seen to result from the use of any other internal medicine. This mode of treatment is the mercurial, the existence of which dates from the year 1834. The merit of originality in connection with its introduction, is undoubtedly due to Dr. O'Beirne, one of the Fellows of the College of Surgeons, in Ireland, who, in that year, called the attention of the profession to it as a remedy in white swelling and hip-joint disease. When first published, his views met with the most determined

opposition. His opponents saw in the proposal, nothing but the subversion of settled principles, that had already received the sanction of authority. But to this Dr. O'B opposed the result of his experience, and did so with success. The most prejudiced yielded, and mercury became, in the Dublin school, the established practice in the commencement, and likewise in the ulcerative stage of hip-joint disease. It was also adopted in London, and on the continent of Europe, by many eminent surgeons. Amongst others, the celebrated Lisfranc, of Paris, deemed it so important a discovery, that he deputed two distinguished foreigners (Signor Manni and M. Pirondi), to wait on Dr. O'B., to "congratulate him upon having effected such a valuable improvement in the treatment of a disease previously so intractable." In the *Gazette Medicale*, 1845, Lisfranc bears ample testimony to the efficacy of this plan of treatment. "The salivation once set in," he observes, "the pain disappears, as if by magic, and this, perhaps, is one of the therapeutic methods, in which the relation of cause and effect, between the remedy administered and its results is incontestable, on account of the rapidity and constancy with which this result is manifested." But though this mode of treatment has had the sanction of eminent men, it must be conceded that, notwithstanding its striking advantages over other methods, it has not been so generally adopted as it merits, owing, either to surgeons not being aware of its value, or to their previous views being in opposition to it, or perhaps to a feeling of disappointment from having employed it at a period of the disease when it was not only inapplicable, but positively injurious. In employing the mercurial treatment, we must remember there are, at least, two ways of doing anything, and we should, therefore, ascertain accurately beforehand, in what respect the right way differs from the wrong. In view of this, we should commence the treatment at an early period of the disease; and not defer it until the latter shall have advanced to complete disorganization of the joint. This delay would be a misapplication of the proposed means, and would supply an additional instance of what, being a remedy in one stage of a complaint, may be positively injuri-

ous in another. The mercurial must be introduced rapidly into the system, not slowly and in alterative doses. The former mode tends to benefit, the latter never fails to impair, the scrofulous constitution. This doctrine may seem strange to some who are wedded to an obsolete dogma of the schools, but it is the doctrine of Graves, one of the most accomplished physicians of modern times. It is admitted by Crampton, by Carmichael, whose anti-mercurial tendencies are well known, and by many others of less note, though men of standing, who possessed in their hospital-practice the fullest opportunities of testing this treatment. Though O'Beirne fully confiding in this remedy when conjoined with rest, sought not the assistance of other means, still the surgeon should not reject any, merely because it is subordinate and secondary. He will, therefore, avail himself of all the aid derivable from local abstractions of blood, by cupping above the trochanter and leeching over the front of the articulation. At a more advanced stage, he will employ blisters and issues. From issues much benefit is often derived. They maintain the ground gained by measures already referred to, and largely contribute to prevent a return of the disease. For many years I have had abundant opportunities of appreciating the importance of this plan of treatment, which I feel confident, is able to cut short the disease in its first stage, to lessen pain and suffering, and to bring about a cure without deformity. It is not to be supposed that success in every case attends its employment. Universal success can scarcely be said to follow any line of treatment in any disease. It is only contended that the mercurial plan of treatment, when conjoined with due attention to rest is more successful than any other in hip-joint disease. But in this, as in other forms of disease, cases may arise that will baffle the best directed efforts of skill, until at length complete disorganization of the structures composing the joint be effected. Even at this stage, when nature fails in her efforts, art still is supposed to have one resource remaining, in the resection or excision of the articulation. This operation, not unknown to the ancients, as may be inferred from some vaguely expressed statement of Hippo-

crates, has been recommended in more recent times by White of Manchester, and performed by Mr. A. White, of the Westminster Hospital. Mr. Fergusson successfully performed it in 1844, having, as we are told, "meditated its performance for more than ten years, without meeting a single case where it would be justifiable." After its recommendation and performance by British surgeons, the operation was introduced into France by Vermandois and Petit-Radel, who, we are told by Velpeau, "revived this suggestion without modifying it." Velpeau states, that in 1831, he knew of but a single example of exsection of the coxal extremity of the femur practised on living man. But reckoning Mr. A. White's as the first operated on, the next that is seen on record is Mr. Hewson's, of Dublin, operated on in 1823. This case has been published by Leopold (*Uber die Resection*, Wurtzburg, 1834). The result was unsuccessful, the patient having died in three months after the operation. From that date, 1823, there have been twenty-five cases operated on for morbus coxæ, in England; fourteen of which have terminated successfully. It is said, "these operations were all performed in cases where there was no hope of ultimate recovery, and as far as the judgment of the surgeon extended, death would have taken place, had the operation not been performed."—(*Lancet*, 1837.) It has not, however, as yet, generally met the approbation of the profession. The chief objections against it may be summed up under the following heads: It necessitates wounds in diseased parts. It seldom removes the whole disease, but leaves behind degenerated tissues. It is followed by profuse suppuration, and the cure, when effected, is tedious. These objections are over-ruled by the advocates of the measure, who, in deciding on it, are not determined by the pathological condition of the joint, nor by any arbitrary stage of the disease, but propose the operation, if the patient be dying, and there is no hope of saving him by the ordinary means. They contend that the condition of the acetabulum, cannot be ascertained before operation, and that instances have occurred, where it has been successfully executed, although the acetabulum affords evidence of disease at the

time of the operation. The particulars of nineteen cases have been published, in every one of which the acetabulum was diseased, in two "there was scarcely a trace of acetabulum. In three the acetabulum was filled with a fibro-gelatinous mass. In six, the gouge was employed for caries. In three it was perforated, and in the others it was more or less affected."—(Hancock *Lancet, April*, 1857.) So far from perforation of the acetabulum being a barrier to the operation, Mr. Hancock maintains, that even under these apparently unpromising circumstances, excision may be performed with safety and benefit. The subject under consideration leads me to notice the report of two cases of hip-joint disease, contained in the June number of the MEDICAL EXAMINER. In both, excision of the articulation was performed. The circumstances of each case were unfavorable to a successful operation. In the first, the acetabulum was found to have entirely lost all definite boundaries by absorption of its rim. It was converted into a broad, shallow fossa, and was half filled with granulations. "The head of the femur was carious, denuded of cartilage, and lay with its rough burr-like surface in contact with the flesh on all sides." In concluding the report of the case, it is stated, "that ten days after the operation, it was doing remarkably well." The second case was quite as unpromising as the first. In this, the superior extremity of the femur was excised, and "some suspicious portions of the ilium were removed by the gouge." For eight months after the operation, the patient "was daily passing flatus from the external wound," showing a communication with the rectum, which it was impossible to trace with a probe. Another abscess on the inner side of the thigh having presented itself, and being lanced, gave more ready exit to pus and wind, which were in consequence, transferred to the new opening. In the former case, we are informed of the improvement affected by the operation in ten days after its performance. In the latter, we are merely told, as the result of the operation, "that the opening on the outer side began to heal." It is to be regretted, that these cases have not been more satisfactorily detailed. As they now stand, they are,

for all statistical and otherwise practical purposes, positively worthless. To inform us of the condition of the first case in *ten days* after excision, and leave us without further instruction in the matter, cannot enable us to infer anything as to the ultimate result. Ten months would have been more to the point. The probability is, the subject of it, this moment, is beyond the reach of all surgery, conservative or otherwise. The second case constitutes, perhaps, the most formidable form the disease assumes,—that wherein a carious state of the cotyloid cavity exists—where there is perforation,—communication with the rectum, and pelvic abscess. I am not aware of more than two such cases on record, where recovery resulted. One was under the care of the late Professor Colles. The other was Mr. Hancock's case. In the former, the patient recovered without operation; in the latter, the femur was excised, and the floor of the acetabulum removed. Now, in the particular case under review, the reader is left to conjecture as he pleases, as to the result. What practical benefit there is in thus publishing cases, it is impossible to see. It only compels the eager inquirer in science, to act the part of Tantalus of old. It does not contribute to the amount of knowledge required to judge of the merits or demerits of a comparatively new operation.

From a comparison of the results, when, on the one hand, the disease is uninterfered with by operative proceedings, and on the other, subjected to resection, I cannot see that much has been gained to science by this operation. If we separate the cases in the last stage of hip joint disease into two classes —those in which the femur is dislocated, lying on the dorsum ilii, and those in which it still continues in the socket—we will find many of the former and a few of the latter recover by the efforts of nature, assisted by such means as directly or indirectly support the system. More than this cannot be said for the operation. A late writer tells us that Moreau, the father, with the hope of removing the carious portions of the cotyloid cavity by means of the chisel and gouge, proposed to two patients, in presence of M. Champion, to perform upon them the operation of the exsection of the femoro-iliac articu-

lation; but they refused and—recovered! This conveys a caution in urging the operation, and will cause the thought to arise, that many, if not all those cases supposed to have been cured by operation, might have done equally well if let alone. I do not altogether adopt this view, but I know it is entertained by some of the most eminent surgeons of the present day.

The question then arises, what cases, if any, are suitable for operation? According to the German Schools, the cases most suitable are the young—those in whom there has been spontaneous luxation, where it is assumed the same amount of mischief has not been effected in the cotyloid cavity as where the head of the femur still remains in its socket in the midst of pus and disorganized tissues. In the former, if the cotyloid cavity be not much affected, its reparative powers, which are considerable, may be called into play, (when not in contact with the diseased femur,) so as to enable it to recover its normal state. On the other hand, in the opinion of Jager, Erichsen and many others, the operation is contra-indicated, where the patient is advanced in years, where the femur remains in the socket, where there are extensive purulent collections in the pelvis or along the course of the femur, and where there is evidence of internal tubercular disease. Unfortunately, the cases in which the femur remains in the socket, are, by a great many, the more numerous, and these are the cases wherein the operation has but little chance of success. But some will not allow any case to be suitable for the operation. Syme condemns it altogether. Erichsen and Jager restrict it to cases which are comparatively few in number, and in which the chance of recovery is, perhaps, as good without, as with the intervention of operative surgery. Brodie speaks as ambiguously as the Delphian Oracle, and says it should be performed "only in those cases where unequivocal advantage may be gained by it." In this unsettled state of professional opinion, perhaps the safest rule of practice that can be deduced from the imperfect data we possess, is not to undertake the operation, unless the constitutional condition of the patient and the incurability of the local affection impera-

tively require it. Unless, in fact, the patient is dying and there is no other chance. In a word, it should be an operation of *necessity*—not one of expediency.

CHICAGO, October, 1861.

REMARKS BY THE EDITOR.—We think the above article of Dr. DYAS scarcely does justice to the subject of the surgical treatment of hip-joint disease. While we fully agree with him, that, in the early stage of the disease, judicious internal, or constitutional treatment is of much importance, we have the most abundant proof, that in all stages, proper surgical appliances and operations can be resorted to with the happiest results. If the writer of the article had made himself as familiar with the medical literature of the last few years, relating to this subject, as he is with the eminent English writers of a little older date, we are quite sure he would not have maintained the doctrine that resection of the head of the femur was to be resorted to *only* as a *forlorn hope.* If he will refer to the published transactions of the *American Medical Association* for 1860, he will find the surgical bearing of the subject very thoroughly discussed; and instead of the twenty-five cases to which he alludes, he will find, carefully tabulated, *one hundred and ten* cases of resection of the head of the femur for caries, the first dating back to 1817.

Of the one hundred and ten cases, thirty-six died, two reported unfavorable, and seventy-two recovered with a more or less useful joint. Neither do we think his strictures on the two cases mentioned in the report of a clinic, by Prof. ANDREWS, published in the June number of the EXAMINER, justly applied. He seems not to have appreciated the fact, that said report was simply the substance of clinical observations, made on cases *then under* treatment, one of which it was expressly stated, had been operated on only "ten days before," and of course, could not yet be reported complete. But we can assure Dr. DYAS, and all others, that the records of these cases are still being kept, and in due time they will be given to the medical public in a form reliable for tabulation. We will

simply add, that Case No. 2, to which Dr. DYAS alludes, is still living, looking well and hearty, for we saw her cross the street with only the aid of a cane, almost as quickly as we should, only three days since.

N. S. D.

The Clinique.

CHICAGO MEDICAL AND SURGICAL DISPENSARY.

Service, Prof. E. ANDREWS, Attending Surgeon.

Reported for the EXAMINER.

Gun-Shot Wounds.—GENTLEMEN:—This patient is a soldier in Col. Mulligan's regiment, and was shot at the siege of Lexington. You observe that the bullet has traversed the forearm obliquely, cutting both the radius and ulna, one of the orifices being near the middle of one edge of the forearm, and the other on the opposite edge of the wrist. I will question him, and endeavor to ascertain from his position, at the moment of injury, which was the orifice of entrance, and which of exit.

Question.—Where were you when you were wounded?

Answer.—At Lexington, Sir.

Q.—What were you doing when you were shot?

A.—We were coming back from the hospital, Sir.

Q.—How is that?

A.—Why, you see, the hospital was outside of the lines, and they brought us word that the enemy was killing the surgeons and the chaplain, so we went out and drove them off, and bayonetted a dozen of them, and coming back, I was shot as I held my arm so, (*showing the position*).

Gentlemen, this man's allusion to the fight at the hospital, may justify me in a moment's digression, to render a tribute to the bravery of the surgeons in that unfortunate fight. Two

of them from this city, Surgeons PARKER and WINER, I personally know to be worthy of all praise. The hospital was, as this man says, outside of the lines. The enemy at first fired on it, with red-hot shot, with the intention of burning it. Men were cut to pieces by the balls, and even the wounded were shot as they lay on the floor. Subsequently, the enemy took possession, and made the surgeons prisoners. At this juncture, Col. Mulligan's men made a charge with the bayonet, and cleared the building of the enemy, piling the halls with dead, and making the floor swim with blood, but the enemy rallying in greater numbers, retook the place,—driving out our men, and on the retreat, this soldier was wounded. During all this time, our surgeons were exposed to the fire, and continued, without flinching, to stand to their duty, calmly dressing the wounded, among the bullets and red-hot shot.

From the position of the parties, you see that the ball must have entered at the upper orifice and came out at the radial side of the wrist. It therefore fractured both the radius and ulna, and severed a number of important organs. By questioning, I perceive that he has no sensation in the little finger, nor in the ulnar side of the ring finger. This shows that the ulnar nerve was cut; that the flexor tendons of most of the fingers were severed, is manifest, by the loss of motion in all except the index finger and the thumb.

Gun-shot wounds are remarkable for the amount of shock they produce. This man says he had a severe chill for three hours after the wound was received. In bullet wounds of the extremities, the shock does not of itself prove fatal, but when a limb is torn and shattered by a cannon ball, it is not uncommon for the patient to die without reaction. As the wounds are lacerated and contused, there is seldom any considerable hæmorrhage. Even the thigh has been cut off by a cannon ball without serious loss of blood. Prof. PALMER, surgeon of the 2d Michigan regiment, informs me, that at the battle of Bull Run, he sent his assistant, under fire, armed with tourniquets, ligatures, etc., for the express purpose of promptly suppressing hæmorrhage, but, that out of fifty wounded, not a

single case required that kind of assistance, as there was no serious loss of blood in any instance. In fact, he deemed the common instruction, to send a portion of the assistant surgeons with the line of battle, to be a useless risk of life to these medical officers. His advice is, that the wounded should all be brought into the field depot for attendance. I cannot wholly agree with these conclusions, because it is well proved that gun-shot wounds do, in some instances, bleed alarmingly, and require instantaneous attention. I had one case where the ball cut one side of the subclavian vein, and well nigh drained out the life of the wounded man, before I reached him. In the French army, in the Crimea, this matter was well understood, and a certain number of tourniquets were distributed among the soldiers, with instructions how to use them in emergency. This benevolent effort was brought into ridicule and disuse, by the blunder of one of the soldiers. The man observing a comrade wounded, and bleeding dangerously from the jugular vein, *applied his tourniquet around the neck.* Fortunately, he observed the alarming effects upon the respiration, and loosened it in time to avoid fatal asphyxia.

Gun-shot wounds are often clogged with foreign bodies, such as buttons, pieces of clothing, gravel, sticks, fragments of bone, and the projectile itself. These, of course, are to be removed whenever possible. Besides the objects just enumerated, there is a stratum of dead and contused flesh, surrounding the track of the ball, which is virtually a foreign body. From this fact, you will readily perceive, that a union of the wound, by first intention, is out of the question. The stratum of dead tissue, decomposes and gives rise to foul, offensive, and often irritating discharges, and the amount of suppuration is very great. In fact, the unhealthy appearance of gun-shot wounds, induced the belief, formerly, that there was something poisonous in the gunpowder, which envenomed the bullet. This idea is now exploded, and the mechanical peculiarities of the injury, fully explain its destructive character.

The best treatment for this class of wounds, is usually a cold-

water dressing. Straps and sutures are useless, and poultices are injurious. The latter confine the pus, and decaying shreds of flesh in the wound, and by favoring their decomposition there, cause erysipelas. Besides, they are troublesome to prepare, and require too much attention, which is no small consideration in military surgery, where an excess of labor comes on the hospital attendants. Water dressings, on the contrary, are easily applied, they are always attainable, they keep the wound clean, and finally they are powerfully antiphlogistic. For these reasons, military surgeons hold them in high esteem, and the results justify their encomiums. As this wound implicates the bones, it will be necessary to apply splints, as in any other fracture. Undoubtedly, the rotary motion of the forearm, will be lost, and the hand very much stiffened and impaired in its use, but it cannot be avoided. Such are the chances of war, and we can only commend this brave fellow to the rewards of a good conscience, and to the relief of a United States' pension.

Service, Prof. Wm. H. BYFORD, M. D., Attending Physician.

Reported for the EXAMINER.

Ozœna.—GENTLEMEN:—Inflammation affects the nasal passage in different degrees of intensities,—from the slight catarrh, to the more destructive forms of ozœna, in which parts of the mucous membrane, the periosteum, and not unfrequently, even the bones are destroyed. Exfoliation of the bones often takes place, to such an extent as to let down the bridge of the nose, and, by removing the septum, lay both cavities into one great cavern; while the breath becomes intolerably fœtid, and acrid discharges keep the lips and alæ nasi, chapped, excoriated and ulcerated. These severe forms of inflammation of the contents of the nasal passages, are apt to be connected with some specific taint in the system. Syphilis, in the very young infant, shows itself, often a few days after birth, in the form of ozœna or "snuffles," as it is called in these young patients. As you have seen, doubtless,

in the wards of the Marine Hospital, ozœna is a troublesome symptom in some of the syphilitic patients, so generally exhibited to you there. In scrofulous persons, too, inflammation of the nasal cavities is apt to become an obstinate affection; and it is not rare to find patients, troubled with this form of disease in middle, and even advanced life, who date the commencement of their disease from early childhood. Scrofula is a vague term, and we are apt to attribute to it too many forms of disease, because we know of no more plausible and definite causation.

This boy, apparently in the enjoyment of good health and fair vigor of constitution, came to me, three days ago, complaining of very fœtid breath, obstructed nostrils and soreness upon pressure on the middle and side of his nose. The trouble commenced about four years ago,—(he is now about thirteen years of age), and was observed first during his convalescence from a severe attack of scarlatina, when it amounted only to an inconvenient running from the nostrils, which at the time, was not considered worth much attention. It has been gradually becoming worse, notwithstanding the use of various remedies, during the last three years. He is now very much troubled with the fœtor of the breath, soreness, bleeding and stuffing of the nostrils. He says, that in the morning when he first awakes, it takes half an hour's diligent work to so clear the nostrils that they permit the passage of air in the smallest quantity, and that from three to four times in the day must this painful and disagreeable operation be repeated,—each time causing more or less loss of blood. As far as can be seen up the nostrils, the mucous membrane is very red and much thickened; but I cannot observe any ulcerated patches, which may often be seen, nor can I learn that there has been any discharge of bone. But the probability is, judging, particularly from the disgusting fœtor of the breath, that there is ulceration of the membrane, and it is to be feared, that there is, also, caries of the bone, somewhere, deep in the numerous tortuous passages and cells which communicate behind the nasal openings. There are not many other affections with which ozœna is likely to be confounded.

You will more frequently be in doubt in distinguishing between it and polypus nasi; but, in addition to the circumstances that the polypus may nearly always be seen, when large enough to prove inconvenient, the obstruction from a polypus is permanent and not removable by the most strenuous efforts of the patient. There is, also, ordinarily very trifling, if any, fœtor in the case of polypus; while this symptom is early, persistent and prominent in ozœna.

I regard this case as one of the inflammatory sequelæ of scarlatina, and, at present, a local affection, unaccompanied by any important constitutional taint; so that I am now treating it with a very simple local remedy, which I have so frequently seen followed by successful results, that I very generally prescribe it as an item of treatment in most cases of this kind:

℞ Iodine, - - - - grs.x.
Chloroform, - - - - ℥j.

Mix and dissolve.

This prescription is used by applying the open vial containing it, to one nostril, while the other is closed with the finger, so as to prevent the air from entering. As much of the vapor is inhaled, in this way, as can be taken with the inspired air, until the patient is conscious of a slight effect from the chloroform. He should now desist for ten minutes, and then inhale through the opposite nostril in the same way, and to the same extent. This should be repeated two or three times a day, persistently, for a length of time. The secretion of the schneiderian membrane is modified almost immediately upon the beginning of this inhalation. Although the boy has used this preparation but three days, as you hear him say, he is already much improved. This morning he had no more trouble in freeing his nostrils than could be accomplished by one or two ordinary efforts at blowing; no hard or inspissated mucus rendered the use of the finger and tweezers necessary. This is not more than the usual good effect I find from the use of this vapor. If the inflammation has not extended deep enough to destroy the integrity and function of the periosteum, the salutary effect wrought upon the membrane is sufficient to

inaugurate the healing process in very many cases; while, should caries have already begun, it favorably influences the disease, so that as soon as that process is over, the further destruction is arrested. In specific conditions of the inflammation, specific constitutional remedies must accompany the use of the local. After the inhalation has been persevered in for several weeks, it often happens that its effects are less perceptibly beneficial, and the case comes to a stand-still, or retrogrades somewhat. When this happens, we should increase the proportion of iodine to the amount of chloroform,—say fifteen grains to the ounce,—and it may be thus gradually increased to ℈j., or ℈ij. to ℥j. Other remedies may be as beneficial, probably, as this one, when properly applied to the mucous membrane of the nose; but I think no other mode of using them, than by inhalations, will answer so well. The cavity of the nose is so complex, that injections but imperfectly reach many of its remote parts, if at all, as the stream cannot be made to follow all the tortuosities, or penetrate many of the cells connected with it. The volatile nature of iodine and chloroform enables us to impregnate, with their vapor, the air penetrating the nostril, and this vapor is carried wherever the air finds its way. Should there be any objection to the vapor passing the glottis, it can be snuffed with short, instead of deep inspirations; but the inflammation often affects, contemporaneously, if not continuously, the mucous membrane of the fauces, pharynx, larynx, and bronchi, and is just as beneficially influenced, by the remedy in those parts, as in the nose. The inhalation of remedial agents in the form of powders, such as cephalic snuffs, etc., although calculated to do good, is less efficacious than when vaporized.

NOTE.—At the October meeting of the Chicago Medical Society, Dr. REILLY read a paper on the *Use of Inhalations in the Treatment of Inflammations of the Nasal Passages and their Appendages*,—which paper was ordered to be published. The foregoing, however, covering the same ground, in the main, it is not deemed necessary to do more than give one or two illustrative cases from the paper, in addition:

During the early part of May last, while visiting a patient in the North Division of the city, I was consulted by a brother of the patient, with reference to a case of chronic catarrhal cephalalgia of some eighteen months' standing, the history and symptoms of which are as follows: the patient is a man of about forty years of age, married, of active business habits, strumous diathesis. Had been under treatment about seven years at the East and here, for some disease of which I got but a vague and unsatisfactory idea. About eighteen months since, he was seized with a heavy, dull pain between and over the eyes, in the region of the frontal sinuses, gradually extending upwards, in the median line, to the vertex; this pain was aggravated without any apparent cause; was accompanied by temporary partial blindness, unsteadiness of movement and giddiness, suffusion and congestion of the eyes, with a copious milky secretion, soon becoming viscid, and obstructing vision; the sense of fulness in the frontal region was intensely painful, and easily excited by rapid movements, coughing, sneezing and loud talking. Usually these symptoms gradually disappeared, without further noticeable occurrence; but, occasionally, relief was obtained by the sudden giving way as of a sac, and the copious discharge of a thin, clear fluid, not acrid, but sometimes very offensive as to its odor. Such rupture was usually caused by some muscular straining, while bending down or at stool, and the discharge was commonly quite forcible, the fluid gushing from the nostrils in a stream. Accompanying these phenomena, at one time, was partial deafness in the left ear, resulting apparently, from an inflammation of the membrane of the eustachian tube, and relieved by a copious puriform discharge from the ear.

At the time I saw the gentleman, he was unable to raise his voice above the ordinary conversational tone, or to sneeze or cough; walked with much deliberation, being cautious about jarring himself by sudden motion. His eyes were suffused, and nose, at the base and root, red and congested in appearance. He had been treated in a variety of ways; stimulating diaphoretics, mercurial alteratives, and general antiphlogistics had each been tried, and all without relief.

Judging this to be a case of morbid condition of the mucous membrane, due to some specific irritation, by which the function of the membrane had become perverted, while its sensibility was increased, it seemed to me that local medication was desirable, and that little was to be expected, as, indeed, had been already proved, by general treatment. But little reliance, I was aware, was placed on inhalations, and yet I knew of no more efficient way of reaching the seat of the disease, namely: the schneiderian membrane, and mucous membrane of the ethmoidal cells and frontal sinuses; and aware of the success achieved by one or two members of the profession in long-standing troublesome cases of bronchial catarrh, by the use of inhalations of chloroform and iodine, I determined to make the trial. Twenty grains of iodine were dissolved in an ounce of chloroform, and the vapor inhaled slowly and steadily through each nostril alternately, ceasing when the anæsthetic effect of the chloroform became perceptible; and this was persisted in, night and morning for some six weeks. At the end of that time the inhalation was discontinued, and when about a month since, I met Mr. D., in the Board of Trade, of which he is a member, he was able to cough, sneeze and halloo as vehemently, to jump and run as actively as ever he was. The cure, however, is not a complete one; for he informs me, since, that after any unusual mental excitement,—a more than ordinarily busy day, or a too close application to business, and occasionally, without any such cause, he feels the dull, heavy pain between the eyes, premonitory of an attack; but he instantly has recourse to his vial of iodized chloroform, by which, in the course of the day, he is entirely relieved of the threatening symptoms.

Case II. is even more marked in its prompt relief. R. C.; ætat forty-five; American; occupation, superintendent of a large manufacturing establishment;—came to me, August 15th, 1861, complaining of fœtid discharge from left nostril, and dull, painful sense of fulness at the root of the nose extending to the inner canthus of the left eye; sense of fulness more marked at sometimes than others; "takes cold" easily,

sneezes and "nose runs" from slight exposure ;—followed a severe cold contracted about two years before. On examination found mucous membrane of both nostrils reddened, and a slight touch with the probe in the left one, very painful, exciting the lachrymal secretion profusely, and causing violent sneezing. Ordered the iodine and chloroform, grs.xx—℥j. Saw the patient August 22d ; inflamed condition of membrane subsiding, discharge very much less ; passed curved probe up freely, merely causing tears to start, and some little efforts to sneeze afterwards, but very little, if any, pain ; pressure at base of nose, borne well. Inhalations continued. September 5th ; he had not used the iodine for four or five days. Felt completely well. Have met the gentleman within ten days, and thinks himself permanently cured.

Some five or six years since, Dr. Davis commenced the use of iodine in this manner in tuberculosis, accompanied by harrassing cough, in tubercular laryngitis, and in inflammations involving the fauces and schneiderian membrane, and with a good degree of success. I do not know that its use has been made known to the profession, nor, so far as I can learn, is it prescribed by any physician of this city, except Drs. Davis and Byford. The latter gentleman has used it quite frequently, I believe, and very successfully in the chronic catarrhs. Its ease of application, by which the costly and complicated inhaling apparatus is dispensed with, its grateful effects, and, so far, its success would seem to warrant a more thorough and extensive trial than it has, as yet, received.

F. W. R.

Selections.

THE MEMOIRS OF DR. MARSHALL HALL.

Reprinted from the Lancet.

So long ago as 1841, whilst the illustrious English physiologist, Marshall Hall, was battling with the Royal Society at home, for so much of recognition of his labors as may be implied by publication in the "Philosophical Transactions," the

writer of this article heard Flourens, in a public discourse at the Jardin des Plantes, rank him with Harvey and Bell as one of a constellation of discoverers, which did not admit a fourth. It has been well said, that foreigners are, in some sense, a cotemporaneous posterity. They survey the achievements of living genius uninfluenced by the disturbing passions that local proximity and personal competition engender. The judgment of Flourens is certainly, in this case, but an anticipation of that of after ages. Although those who best knew Marshall Hall could not help feeling the liveliest sympathy for the mental sufferings which he endured during the promulgation and establishment of his discoveries, and however bitter may be the self-accusing reproaches of those who combatted his doctrines, denying their truth with invective that savored more of personal envy than of philosophical caution, the world at large will rejoice that in this instance, as in many others, opposition served to rouse to greater exertion and to the production of more various and more logical proofs. In listening to the accusations of infirmity of temper, of oversensitiveness, so often and so pertinaciously urged by his opponents against Marshall Hall, one would think that these qualities barred all right of fame; that a discoverer has no business to have human resentments; that a sense of wrong endured deprived him of all claims to gratitude for benefits which he may truly be said to have showered upon mankind. Have these opponents ever reflected that, in dwelling upon the sensitiveness of Marshall Hall under unworthy treatment, they are uttering their own condemnation? It is a confession of personal motives. The infirmity of Hall—if infirmity it were—was that of a noble mind; it was, like the keen sagacity and absorbing love of truth that led to his discoveries, an attribute of the same intellectual and moral character. He who has made, and who knows he has made, a discovery fraught with benefit to mankind, cannot be indifferent to the reception of his gift—that is, if he be an honest man, not only great, but good. And this, beyond all cavil, Marshall Hall pre-eminently was. The greatness of the man, as a physiologist and physician, will not now be denied. No biography could prove this so effectually as his own writings. The value of his contributions to science we all acknowledge. But all cannot know what amiable, what pure and lofty sentiment adorned his private character. To show how well, deep and unaffected piety and domestic virtues can consort with the most exalted intellect and the most persevering pursuit of scientific truth, we take to be the chief and cherished object of the memoirs of Dr.

Marshall Hall, edited by his widow. To exhibit so admirable an illustration of this union of moral worth and intellectual grandeur is to confer an obligation upon society, hardly second to that conferred by the promulgation of the most useful discoveries. This task could by no one be so fitly or so completely executed as by Mrs. Marshall Hall. Not only because the opportunities of the wife must necessarily be more extensive than could fall to the lot of any other person, but also because in this instance the wife possesses the rarer qualifications of remarkable intelligence and superior literary capacity. We cannot avoid heartily congratulating the public upon the course of events which resulted in the undertaking of this biography by Mrs. M. Hall, instead of by "an able physiologist." We entirely approve the judgment of the friend who, being consulted upon the question of passing the book through editorial hands, replied that "it would injure the proposed biography to place it in the hands of any professional author or writer, with a view to having it dressed up. It would thus lose more in freshness and interest than it would gain in the way of polish." Those who read the work —will not be of opinion that the author needed much literary assistance. The narrative flows freely and perspicuously, lighted indeed by the warmth of affection, but not the less chastened by never-failing good sense.

Years ago there was published in this journal a short biography of Marshall Hall. It is needless to recapitulate in chronological order the story of his life. It is one, indeed, full of interest and of instruction, and will long be referred to as an example of the triumph of industry,—which some say is the essential quality of genius,—prompted by an ardent passion for the investigation of truth. Hall was a self-taught man. His early education was very imperfect. He applied himself with rigorous perseverance to the task of achieving a mastery over the Latin language, and succeeded so well, although the time devoted to it was subtracted from medical study, that in passing his examination at the College of Physicians he was specially complimented by Sir Henry Halford upon the elegance of his Latin. This example may serve to encourage many a student, fretting under a sense of deficiency in this respect, and perhaps regarding the new educational curriculum of the Medical Council as a serious bar to his entry into the profession, to rely upon himself, and to overcome by his own will that difficulty which early neglect had thrown in his way. He may be assured that when he has thus acquired the language he will find his faculties better trained for the

career of observation and reflection before him than if the Accidence had been drummed into him by the ordinary method.

Marshall Hall was one of the few men who, having commenced their professional career in the provinces, have made a successful migration to the metropolis; and still more remarkable will this success appear when it is remembered that he at no time held the office of physician to a London hospital. His brilliant scientific and successful professional labors were all due to his own energies and sterling character; he owed nothing to the adventitious circumstances which are commonly and truly held to be essential to success. Yet no man was better fitted to shine as a clinical teacher; his faculty in diagnosis had been early and continuously cultivated; his power of demonstration to others was lucid and impressive in the extreme; as a lecturer few men have ever surpassed him in the accuracy of the knowledge he imparted, perhaps none ever equalled him in the rich suggestion of fertile thought. The student who had listened to one of his discourses went away glowing with the enthusiasm of a newly-kindled and new-seeing love of his profession; he felt that he had profited far beyond the acquisition of the particular facts of doctrines imparted to him—he felt new powers within himself, and saw before him fields for the exercise of his faculties hitherto undreamed of. Yet this man, before whom all the teachers of his day must have paled, was an unsuccessful candidate for the chair of Pathology at University College. This is not indeed the only instance of a man being rejected because he was too good; but it is not the less a matter of regret that the institution which had been honored by the teaching of Charles Bell, should have wilfully lost the irretrievable distinction of having numbered amongst its professors two out of the three great historical names in Pathology. Marshall Hall had an intense love of teaching: to the loss of personal comfort, to the injury of his professional income, and ultimately to the sacrifice of his health, he pursued this vocation. For some considerable time he lectured twice in the day at two schools situated at two extremes of the town. The result of this strain upon his physical powers was to lay the foundation of that disease in his throat which carried him to his grave. A routine reader of dry excerpts might not feel the exertion; but a teacher like Hall, giving earnest utterance to exuberant thoughts, seeking to animate his hearers with that love of research which burned within himself, could not pursue this course with impunity. The flame consumed the lamp.

But we are indulging too far in our own reflections, and are neglecting the "Memoirs." The narrative is full of points of attraction. The picture it reveals of domestic affection and happiness, of the tender husband and of the watchful father, is one of touching beauty. Passages of travel and description abound, for Hall was an ardent admirer and keen observer of Nature in all her works.

Here is a good story well told:

"Dr. Hall had for a friend and near neighbor, at Nottingham, Archdeacon Wilkins. This gentleman was engaged in the authorship of a well-known work called 'Body and Soul,' and had sent to Dr. Hall some of the proof-sheets for perusal. Dr. M. Hall having retained these longer than was convenient, Dr. Wilkins facetiously wrote a note to the following effect: 'Dear Dr. Hall,—Do send me back my body and soul; I cannot exist any longer without them.' The note was given to Dr. Hall's man-servant, whose curiosity led him to press its sides so as to be able to read the contents; for it was long before the modern fashion of envelopes. He rushed, aghast, into the kitchen, exclaiming, 'Cook, I cannot live any longer with the Doctor!' 'Why, what's the matter?' 'Matter enough,' replied the man; 'our master has got Dr. Wilkins' *body and soul*, and I have too much regard for my character to stay where there are such goings on!'"

Dr. Hall's first work was on Diagnosis, but his reputation as a practical physician was first made by his work on the Diseases of Women, and in the early part of his career his practice lay chiefly in this department; but "when," he says, "it became publicly known that my attention was directed to the nervous system, I gradually lost sight of the female disorders." His commentary upon Specialism is striking. "A physician in London," he remarks, "may have a reputation for knowing *one* thing well, *or* for knowing *all;* but he cannot have a reputation for knowing *two.* It is singular how steady my income was during this change of practice."

But other duties now compel us to break the chain that has long enthralled our attention to this book. We recommend it not alone to the medical practitioner and student, but to the general public. As a narrative, it is more interesting than a novel; as the memorial of a great English Worthy, it will be perused and preserved with pride; as an incentive to honorable toil and the practice of virtue, the story of the rise of Marshall Hall, deserves to take rank amongst the most favorite tales of the triumphs of genius.

All this is well told. Every page reflects honor upon the

dead, and credit upon the author. Some critics may urge, that another might have produced a better biography of the physiologist than his wife. We doubt it. It may be true that we lose the record of many things which his wife could not know, or could not tell. But, on the other hand, we gain a richer and nearer insight into the man than any one else could possibly supply. The best testimony to the fitness of Mrs. Hall for the task lies, we conceive, in the very objection that is made to her. So well has she acquitted herself, that we close her book, not wearied of her subject, but stimulated by the desire for further details. So well has she sustained our interest in Marshall Hall, that we long to learn more of him. Some great men have fallen wonderfully in public esteem when their lives have been written; they have been crushed, as it were, under the dead weight of their biographies. Not so with Marshall Hall. Already enrolled by the acclamation of the scientific world, amongst the most illustrious of those who have benefitted mankind by their discoveries, his fame derives fresh glory from this simple story of his life, which reveals to us, a man of unostentatious piety, of warm domestic affections, and of sterling moral worth.

AMPUTATION OF THE CERVIX UTERI.

By J. MARION SIMS, M. D.,

SURGEON TO THE WOMAN'S HOSPITAL, NEW YORK.

(*From the Transactions of the Medical Society of the State of New York.*)

Amputation of the cervix uteri has long been an established operation. Lisfranc frequently performed it for what he considered incipient carcinoma. Recent investigations in uterine pathology, however, have demonstrated the fact that his cases were not cancerous, but simply those of chronic inflammation with induration and hypertrophy of the cervix. At the present time, Huguier, of Paris, probably performing this operation oftener than any other surgeon, believes that most displacements of the uterus depend upon chronic enlargement of the cervix, and, laying aside all the local remedies usually employed in such cases, resorts at once to amputation, for which he claims an almost unvarying success.

This operation has been frequently performed by Dr. Emmet and myself, at the Woman's Hospital, sometimes by the knife, at others by scissors, and several times by the ecraseur. A few cases will illustrate our practice. Mrs. E., aged 32,

the mother of two children, the youngest three years old, had a muco-purulent vaginal discharge with profuse and somewhat painful menstruation ever since her last confinement. Examination revealed great engorgement and hypertrophy of the cervix uteri with granular erosion. She was treated as an out-patient for several months without improvement, and was eventually admitted to the Woman's Hospital. She was treated here for four months without any marked benefit, and it was at length determined to amputate the cervix.

The os was split open laterally nearly to the insertion of the vagina. The tissue was of almost gristly hardness. Instead of amputating the cervix squarely, the anterior half of the cervix was first removed, cutting in the direction of the os internum, after which the posterior half was removed in like manner, cutting in the same direction, and leaving a conical excavation with the apex upwards, this being done to remove as much as possible of the indurated tissue. This mode of operation should not be imitated, however, for the cicatrization of the wound almost obliterated the cervical canal which is now very small, notwithstanding repeated incisions and other measures for dilatation. The os is a little round opening, hardly large enough to admit a No. 1 bougie, while to the touch the cervix seems to be sitting upon instead of projecting into the vagina.

To guard against the unfortunate result in this case, I adopted the rule of amputating the cervix at two different sittings; thus, splitting it from side to side as before, removing one half, and leaving the parts to cicatrize till the next menstrual period had passed, then removing the other half. I continued to follow this plan in general until an incident occurred in November, 1860, which entirely re-models the whole operation.

A lady from a distant State, aged forty-six, a widow for many years, and the mother in early life of two children, was the subject of procidentia uteri, of fifteen years' standing. She menstruated regularly, her general health was perfect, and she suffered only from the mechanical inconveniences of the displacement. The cervix was elongated, and there was a fibrous tumor as large as an English walnut, in the posterior wall of the uterus. The depth of the organ was three and three quarter inches. She had worn a Meigs' ring for several months with scarcely any relief, as the cervix protruded through and presented at the os externum, despite every mechanical agency. Her physician fully recognized all the difficulties of the case, and proposed an amputation of the

cervix, but was unwilling to perform it himself, and sent her to the Woman's Hospital.

As she was in great haste to return home, I determined to remove the whole cervix at one operation. When she was fully under the influence of ether, Dr. Pratt, the House Physician, informed me that the ecraseur was broken, hence there was no alternative but to amputate by the cutting process. For this purpose I used scissors, expecting the hemorrhage to be less than by the knife. I removed about five-eighths of an inch of the cervix, cutting at right angles, and within half an inch of the vaginal insertion. On beginning the operation, I intended to leave the cut surface to heal by the granulating process, which usually takes five or six weeks, but while sponging the wound and waiting for the hemorrhage to cease, I discovered that the stump could be covered over with healthy vaginal tissue, in the same manner that a stump of an arm or a leg is covered with skin after amputation by the circular method. This was done by passing four sutures of silver wire through the anterior and posterior borders of the wound, which, when tightly drawn, brought its edges into apposition in a straight line across the middle of the stump, covering it completely, but leaving a small central opening for the os, just over the outlet of the vertical canal.

The operation was followed by no constitutional disturbance. The sutures were removed at the end of a week, the parts having healed entirely by the first intention.

Mrs. W. aged 34. Married at 19. Sterile. Was admitted to the Woman's Hospital in January, 1861. She had suffered for eleven years with menorrhagia, accompanied with severe pain in the back and loins, which ceased during a period of six years, then returned at intervals, and had continued for five months, without intermission, before her entrance into the hospital. She also had leucorrhœa whenever the hemorrhage ceased. The uterus was enlarged and somewhat retroverted. The cervix was elongated, hypertrophied and indurated, and the posterior lip was covered with florid vegetations which bled profusely on being touched. I at once proposed amputation, to which she readily consented. The operation was performed in the manner before described and with the same results. She now menstruates regularly, the flow lasting but three days, and is otherwise well.

Mrs. R., aged 38, the mother of two children, eighteen and sixteen respectively, and for five years a widow, was subject to leucorrhœa of ten years' standing. She consulted me in February, 1860. She had an enormous enlargement of the cer-

vix uteri, with chronic inflammation, and a profuse discharge of an albumino-purulent character. She was treated by scarification, *potassa cum calce*, and other local means, for four months, with some improvement, but it seemed utterly impossible to effect a cure. I saw her in October and November, and again in January, and found her in about the same condition as on her first visit. I then suggested to her amputation as the speediest and best method of cure, but it was inconvenient for her to submit to it at that time, and the usual course of treatment, under such circumstances, was adopted. Her improvement was slow and unsatisfactory, and she at length insisted on having the operation performed, which was done April 29, 1861, in the presence of Dr. Parigot, of Brussels, Dr. Holcomb, of New York, and Dr. Pratt, of the Woman's Hospital.

The intra-vaginal portion of the cervix was nearly an inch in length and two inches in diameter. The anterior lip was a little larger than the posterior. The operation was performed as in the preceding cases, namely, by splitting the cervix laterally, and removing first, the anterior, and then the posterior half, by means of scissors. After the hemorrhage had ceased, the vaginal mucus membrane was drawn over the stump, as in the other cases, and secured by four silver sutures, two on each side of the cervical opening. There was no suppuration, no pain, no febrile excitement, and indeed the patient felt so well that, on the next day, she insisted on getting out of bed and going to the parlor; for prudential reasons, however, she was confined to her room a week. Here was a case which had been under treatment for fifteen months at various times, with little improvement, cured in a week, by this simple operation. The neck of the uterus now presents an appearance so normal that one could hardly believe that it had ever been the subject of disease or of a surgical operation.

In the old method of amputation, the suppuration continued for five or six weeks, and sometimes longer, before the parts were entirely cicatrized. According to this plan, there is no suppuration, the parts healing by the first intention and the patient becoming well in a week. In the former, there was danger of pyæmia; in this, there is little, if any; in the former, there was risk of degeneration in tissue—in this, there is none. In the former, the parts contracted as they healed; in this, they remain normal. It might have been supposed, *ápriori*, that this operation would have been attended with troublesome hemorrhage, but in each case it ceased as soon as the vaginal tissue was drawn over the stump, and in no in-

stance was a ligature used. In all three of the cases, menstruation has been easy since the operation, though the os was smaller in each than natural, and required to be enlarged by sight incisions.

In amputating the tonsils, it is not necessary to cut out the entire gland; the removal of a section will suffice, as a large part of the remainder will disappear by absorption. In removing an intra-uterine polypus, it is not essential to cut the pedicle close to the wall of the uterus; if an inch of it is left it will disappear. So in amputating the cervix uteri, it is not necessary to cut it off even with the vaginal insertion to insure a good result, for whatever is left will be decreased by a modified nutrition, just as we see after amputation of the arm or leg.

Book Notices.

REPORT OF A COMMITTEE OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT, ON THE ALLEGED DANGERS WHICH ACCOMPANY THE INHALATION OF THE VAPOR OF SULPHURIC ETHER. Boston: David Clapp, Printer. 1861.

Boston's bantling, Sulphuric Ether, is in danger of being nursed to death. Our Committee has endeavored to prove too much. And, as in all cases of over-zealous care, the object of the solicitude must suffer.

When Drs. HODGES, HAYWARD, TOWNSEND, JACKSON and UPHAM, the gentlemen of the above Committee, were appointed to report on "the alleged dangers" etc., we believed that this moot question would be definitely and satisfactorily settled, and we looked for the publication of their report with no little interest. For, notwithstanding the notorious Bostonian predilection for its own form of the boon, the discovery of anæsthesia gave to suffering humanity, the eminent names composing the Committee,—names which have for years graced the annals of American medical science, in its every branch,—were to us, a guaranty that all that intelligent research, philosophical argument and indefatigable industry could accomplish, would be given to the solution of the problem: *Is the production of insensibility, by the vapor of Sulphuric Ether dangerous?*

If this question is answered at all, in the Report under consideration, we leave it to our readers to judge, from an impartial review of its main features, how far that answer is in the negative;—hesitating, for ourselves, only as we would not pre-judge the case, to say that to our mind the capabilities of the vapor of sulphuric ether for dangerous results and complications, have never before been so strongly presented. But our readers shall judge for themselves.

Passing over the not inconsiderable portion of the Report, which discusses the comparative merits of ether and chloroform,—it is to the analysis of alleged deaths from ether we take exceptions. The Committee have gathered, by extensive correspondence, newspaper and journal notices, and careful scrutiny of the periodical literature since Dr. Morton's discovery, every instance (41) of alleged fatal result from the inhalation of ether. We subjoin for comment, the following cases:

Case 1. Hotel Dieu of Auxerre, France, 1847. A man, fifty-five years old, after having breathed sulphuric ether, was operated on for cancer of the breast, and died during the operation, with evident symptoms of asphyxia. The ether was inhaled from a Charrière's apparatus. "The want of care in administering the ether, which was given in a manner likely to produce asphyxia, and the insufficient means used for the restoration of the patient, sufficiently explain the cause of death."—*Exposition et Histoire des Principales découvertes Scientifiques modernes*, par Louis Figuier, Paris, 1851, t. ii., p. 282.—*Gaz. Médicale*, 4 Mars, 1845, p. 170.

Case 16. Dr. C. P. Johnson, Richmond, Va., 1853. A negress of middle age, had, three months previously, undergone resection of the parts adjoining the symphysis of the lower jaw, for an osteoid cancer of the parts. The disease re-appeared and rapidly invaded the neighboring structures, involving a considerable portion of the remnants of the body and ramus of each side. The patient's appearance was cachectic. A complete disarticulation was decided upon, and sulphuric ether was administered. The operation was tedious. After the separation of the diseased mass, the branches of the internal maxillaries gave so much trouble, that one, if not both, carotids were tied. The regularity of the patient's stertorous breathing was not interrupted till just before the close of the operation. As soon as this was noticed, some

brandy and water was passed into the fauces, but was regurgitated with the production of one or two spasmodic actions about the glottis, which were the last vital manifestations that occurred. Artificial respiration, friction, etc., induced no response.

The tissues were found ex-sanguine at the autopsy.—*Committee's Correspondence.*

Case 19. M. Barriere, Lyons, France, 1852. A female, aged fifty-five, in a weak and bad state of general health, underwent excision of the superior maxillary bone. Sulphuric ether was given from a sponge placed in a bladder. Death occurred during the operation. It was thought possible that it might have been due to the hemorrhage.—*Gazette des Hopitaux*, June 18, 1853.

Case 20. Dr. G. de Oettingen, Dorpat, Russia, 1847. Constantly increasing anæmia, on account of a gangrenous ulcer of the leg, rendered amputation necessary in the case of an old man, seventy years of age. Sulphuric ether was administered from a common bottle, having an opening large enough to include the nose and mouth of the patient. The operation was completed, but the arteries were not tied when the indications of approaching death were noticed, and which shortly occurred with symptoms of syncope. There was no hemorrhage.

The autopsy gave no explanation of the death.—*Committee's Correspondence.*

Case 23. Dr. ———, New York, 1860. "A patient with hernia had been laboring under symptoms of strangulation for some time, and was in a desperate condition. A cutting operation for his relief was resolved upon. He was fully anæsthetized with sulphuric ether, and suddenly, during the progress of the operation, showed symptoms of prostration, and soon died."—*Committee's Correspondence.*

Case 25. Dr. ———, New York, 1860. "A very large, old, scrotal hernia, had, from some cause, become irreducible. Inhalation of sulphuric ether was resorted to, and, while the patient was under its full influence, the hips being raised, and the head allowed to be forcibly flexed upon the chest, the taxis was resorted to. The large mass of intestines very suddenly receded into the abdomen, and just at the moment the patient was noticed to be in a dying condition, from which he could not be recovered."—*Committee's Correspondence.*

It is intimated that too little attention was probably given to the state of the respiration and the pulse. The absence of an autopsy in this instance is greatly to be regretted.

Case 27. Dr. J. Y. Bassett, Alabama, 1847. It was proposed to apply the actual cautery in a case of tetanus. Sulphuric ether was administered by a dentist. "At this time the patient's pulse was good, and there was no signs of an immediate extinction of life. In one minute the patient was under its influence; in a quarter more he was dead—beyond all my efforts to produce artificial respiration or to restore life. All present thought he died from inhaling ether."—*Amer. Jour. Med. Science*, Vol. 18, p. 293.

In cases 1 and 25, the deaths are alleged to be due to *asphyxia*, and the Committee claim that it (the asphyxia) was "brought about by wholly avoidable causes,"—which allegation and claim is also made in two other cases we do not quote. In Nos. 16, 19 and 20, "the character and circumstances ot the operation certainly absolve the ether" (p. 11, of *Report*). In Nos. 23 and 27, the disease is alleged to be the cause of death. In twenty-three cases, death occurred within twenty-four hours, in seventeen of them, "death was immediate or nearly so" (*idem*). In the whole forty-one cases, the "probable causes" of death assigned are as follows: In four, asphyxia; in twelve, shock of accident or operation; exhaustion; shock, complicated with exhaustion, with age, with general health, with hemorrhage, etc.; in one each, pneumonia, pleuritis, bronchitis, erysipelas and bronchitis, capillary bronchitis, intense local inflammation, comminuted fracture ossa innominata and perhaps, fatty degeneration of heart, disease of the brain, delirium tremens, arachnitis, symptoms of meningitis, acute pulmonary disease; in two each, pyæmia, tetanus; and in nine cases no "probable cause of death" is assigned in the table, but in the body of the report (p. 10) we find three of them are excluded from consideration under the rule, that the death "must occur while the patient is actually in an anæsthetic state,"—the time of death varying from three to fifteen days in these three cases; two others (of these nine) viz: Nos. 19 and 23, are cited above; of another, "the details are very meagre, but that the death [occurring four hours after inhalation] had any connection with the anæsthetic is, at least, very improbable;" and we suppose the same plea may be set up for the remaining three cases.

On page 12, of their report, the Committee aver, that "their careful search of journals and monographs, furnishes not a single conclusive case of death from the proper inhalation of pure sulphuric ether." In view of the above summary of cases reported, and yet with all deference to the Committee, we submit that with such latitude as is taken in their analysis, the most careful search of journals and monographs would furnish not a single conclusive case of death from the proper inhalation of pure *chloroform*. Of the attack on this latter agent, we have nothing to say, except, that the mode of argument, of which the following is a specimen, hardly convinces us, more fully, that the epithets "*fleau chloroformique*," "suspended sword," etc., are deserved, than the report itself does that ether, no matter how cautiously administered, is entirely innocuous:—

"But whether this is true or not, that 30,000 soldiers should escape the dangers of chloroform, is no argument in its favor. It is well known that a vast number of missiles are thrown in battle without harming a single person, yet no one would pretend that this fact diminishes in the slightest degree, the danger in the flight of a solitary bullet. The position of chloroform is precisely identical."

"Identical" with this difference, that if the vast number of missiles thrown in battle were directly applied to the soldiers, in such a way as to produce their legitimate effects, (in other words, *hit them*), as the chloroform was to the 30,000, and the soldiers yet received no injury from them, the degree of danger in the flight of each bullet would scarce warrant Gen. McClellan in relying upon them to subdue the rebellion.

One more word, and we have done fault-finding: Of the forty-one deaths reported, eighteen are stated to have occurred at intervals, varying from forty hours to sixteen days after the inhalation; seven, in from fifteen or twenty minutes to fifteen hours; four, during the operation; four, during the inhalation; and in the remaining cases, the intervals are not given. On page 10, we find the two following conditions laid down as essential to the maintainance of a charge of fatal result, attributable to the anæsthetic:

"1st. That the event should occur while the patient is actually in an anæsthetic state."

2d. That the circumstances of its occurrence should be inexplicable by any phenomena of the disease or operation."

Under the first rule, only eight cases out of the forty-one merit attention. Yet the Committee have abrogated the rule in twenty-one additional cases, where some other of the list of causes of death, aside from the anæsthetic, could be given; have availed themselves of it in four cases, where none of those causes is assigned; and in eight cases, where the date of death is not given, but is assumed to be "immediate or nearly so," they have assigned causes in five cases, and of the remaining three, remark that "the connection between the result and the inhalation is either problematical, or else manifestly absurd and unfounded," (p. 11.) On the whole, a mode of investigation not eminently satisfactory to the mathematical mind.

The incidental practical hints in the report are invaluable, and we quote as much of them as we have space for. Absolute purity of the ether for inhalation is insisted upon; and the brands of Powers & Weightman, of Philadelphia, and Dr. Squibb, of Brooklyn, N. Y., are commended as uniformly of excellent quality. A new stiff towel, of pretty good size, folded to about ten inches by five, and the ends lapped over, and secured by pins, so as to form a cone, is suggested as the best medium for its administration.

* * * The thick layers of towelling will hold sufficient ether, and its texture prevent a too free dilution of the anæsthetic by the atmospheric air, provided the apex and seam of the cone are carefully and tightly closed, either by pins or the fingers. As the cone becomes collapsed by saturation, it should from time to time be opened, and kept in shape by distending it with the hand. Unless these details are attended to, and especially the closure of the apex of the cone, the induction of anæsthesia will be uncertain and protracted. In anything so porous as a towel or sponge, the difficulty is to exclude enough air; for while its adequate admission to the lungs during etherization is essential to the life of the patient, its too free entrance not only delays anæsthesia, but induces a condition of excitement, both mental and physical. The importance of excluding the air, as above stated, is

a point not generally appreciated, but the necessity of it has long been known to those most accustomed to the use of ether, as shown by the "chemise" with which, in hospital practice, a too porous sponge is often covered to expedite the etherization of a rebellious patient.

Ether should be poured lavishly on the towel or sponge, an ounce or two at a time, especially at the commencement of inhalation. Although it may be wasted, too much, so far as safety is concerned, cannot be used. A small quantity poured on hesitatingly and timidly, as is sometimes done, has the same effect as a too free dilution of the vapor with air, producing simply intoxication and its accompanying excitement, without anæsthesia; whereas, a large amount, though the cough and choking sensation, which the greater volume of vapor produces, may cause the patient to resist and struggle, is certain to bring about a satisfactory condition of insensibility.

* * * When there is muscular rigidity with lividity, the suspension of etherization will transform this into the relaxation of anæsthesia. * * * The pulse should be watched by a competent person from the outset, and its failure, either in strength or frequency, lead to a more cautious use of the ether. * * * The respiratory movements should not be forgotten or neglected, but any slowness or irregularity in their performance should at once receive attention. * * * In the pulse of the healthy subject suddenly reduced by accident, the vitality is unimpaired, and the pulse even when hardly perceptible, rises with anæsthesia. Ether, therefore, is not to be withheld from the patient to be operated on, even in a state of collapse after a severe accident, but great caution is demanded in its use with patients who are near death from chronic and exhausting disease, and who require operations.*

* * * The best test of complete etherization is the snoring of the patient; and no operation, unless slight, should be undertaken, until this symptom presents itself. * * * There is, * * * a condition prone to manifest itself with children, especially those who are weak, strumous or overgrown, which is due to the cumulative properties of ether. It may show itself after almost any degree of etherization, and is characterized by a feeble pulse and slow respiration, not passing off with the readiness usually marking the phenomena of etherization. With young persons, a cautious inhalation of five minutes will often induce an anæsthesia of half an hour, an effect wholly out of proportion to that which the same amount

*Unpublished Records of the Boston Society for Med. Improvement.

of ether would produce in an adult. This state is not a dangerous one, and only requires time to dissipate its symptoms. Compression of the chest will expel the fumes of ether being eliminated from the pulmonary surface, and admit the entrance of a fresh supply of oxygen to stimulate the circulation. The inhalation should therefore be suspended at short intervals with children, and but little ether given at a time. Undoubtedly, it should also be used cautiously with persons past the middle period of life, of such a general obesity or constitutional condition as may lead to the supposition of a fatty degeneration of the heart. In none of the alleged deaths from ether, however, is there any mention of valvular disease of the heart being found. Of this, then, and of any bad effect upon pulmonary affections, there need be no fear, for we see it constantly administered without detriment to persons more or less advanced in phthisis, for the common operation of fistula in ano.

All that is as yet positively known of the physiology of anæsthesia is given as follows, from the recent, elaborate treatise of Lallemand, Perrin and Duroy:

1st. Anæsthetics are neither transformed or destroyed in the system, but are rapidly eliminated from it, chiefly by the lungs, and to a limited extent by the cutaneous surface. Chloroform and amylene being insoluble in water, no traces of them are ever found in the urine. Sulphuric ether being more soluble, a small quantity of this may be detected by reagents in the renal secretion.

2d. The blood and the organs of animals, dead from *etherism* (the name given to this special intoxication by the abovenamed authors), contain the anæsthetic agent employed, the presence of which is easily determined by special chemical research; and the following figures show in what proportion the principal viscera contain the anæsthetic, in reference, for each of the agents employed, to the quantity found in the blood:

Source of Analysis.	Chloroform.	Sulph. Ether.	Amylene.
Blood,.....	1.00	1 00	1.00
Cetebral substance,....	3.92	3.25	2.06
Liver, ...	2.08	2.25	1.00
Muscular tissues,.....	0.16	0.25	Traces.

From this, it appears that anæsthetics accumulate in the cerebro-spinal system.

3d. It is not easy to explain the deaths from chloroform and amylene, or from ether (as sometimes seen in the lower animals), but it would seem probable, both from the phenomena which they present, and the experiments which have been made, that they are the consequence of an abolition of the functions of the nervous system, and not of asphyxia.

The general conclusions which have been arrived at by the Committee, are summed up as follows:

1st. The ultimate effects of all anæsthetics show that they are depressing agents. This is indicated both by their symptoms and by the results of experiments. No anæsthetic should therefore be used carelessly, nor can it be administered without risk, by an incompetent person.

2d. It is now widely conceded, both in this country and in Europe, that sulphuric ether is safer than any other anæsthetic, and this conviction is gradually gaining ground.

3d. Proper precaution being taken, sulphuric ether will produce entire insensibility in all cases, and no anæsthetic requires so few precautions in its use.

4th. There is no recorded case of death, known to the Committee, attributed to sulphuric ether, which cannot be explained on some other ground equally plausible, or in which, if it were possible to repeat the experiment, insensibility could not have been produced, and death avoided. This cannot be said of chloroform.

5th. In view of all these facts, the use of ether in armies, to the extent which its bulk will permit, ought to be obligatory, at least, in a moral point of view.

6th. The advantages of chloroform are exclusively those of convenience. Its dangers are not averted by its admixture with sulphuric ether in any proportions. The combination of these two agents cannot be too strongly denounced as a treacherous and dangerous compound. Chloric ether, being a solution of chloroform in alcohol, merits the same condemnation.

Dr. C. T. Jackson, one of the Committee, objects and excepts to the clause in this report in which "all mixtures of ether and chloroform" are denounced; viz: to the words, "the dangers of chloroform are not averted by admixture with sulphuric ether," and to the terms, "treacherous and dangerous compound" of ether and chloroform. He believes that a mixture of four measures of ether and one measure of chloroform may be employed without danger, or with very little danger, and that

the risks from chloroform are diminished more than four-fifths by this combination. He believes it to be necessary to have an anæsthetic agent of less bulk than ether, and not so dangerous as chloroform, for army uses, and is satisfied that this mixture, which he has employed and prescribed, completely answers the purpose required.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES; including the Results of Recent Investigations on the Subject. By FREEMAN J. BUMSTEAD, M. D., Lecturer on Venereal Diseases, at the College of Physicians and Surgeons, New York; Surgeon to St. Luke's Hospital; Assistant-Surgeon to the New York Eye Infirmary. 8vo., pp. 685. Philadelphia: Blanchard & Lea. 1861. Chicago: W. B. Keen.

The views of the profession in regard to the pathology of syphilis, have undergone important changes during the last five years. Fanciful theories, which distorted the observations of earlier writers, have given way to the sober impressions of facts. Men doubt, where they once blindly credited, and inquire into what they formerly took for granted. One is particularly struck with the recent radical changes which have taken place in the views of the profession, concerning the varieties of chancre, inoculation, transmission of secondary symptoms, period of incubation, etc., after perusing our author.

Dr. BUMSTEAD has shown himself more than a compiler in this volume; for whilst he has given us a complete summary of the labor of others in this specialty, he has proved himself to possess a sound judgment in the selection of material, and a very extensive knowledge of his subject. He is favorably known to the profession by a series of lectures upon gonorrhœa and syphilis, delivered before the class of the College of Physicians and Surgeons, and published in the *N. Y. Jour. of Med.*, 1859.

The volume is divided into the subject of gonorrhœa and its complications—including the anatomy, pathology and treatment of stricture—and the chancroid—its complications and syphilis. The introduction is devoted, chiefly, to a discussion of the origin of venereal diseases, and the distinct natures of gonorrhœa and syphilis. It comprises a condensed and in-

teresting epitome of all the medical literature pertaining to the origin of venereal diseases, and need not detain us, except to remark that the author does not regard the testimony in favor of the supposed American origin of syphilis as at all conclusive; and that gonorrhœa and syphilis are due to different poisons; although inoculations,—relied upon as conclusive evidence of this fact, by Ricord—have been proved fallacious, yet other facts and observations sufficiently sustain the theory.* No allusion is made to the well-known experiments of Hunter.

Amongst the causes of gonorrhœa, the author admits its origin in coitus with women suffering from leucorrhœa as an accident of frequent occurrence; and as often due to accidental causes, and not to direct contagion. As proof of the contagious character of a leucorrhœal discharge, he cites as an example the ophthalmia of new born-children, its origin, and virulence. Ricord, Diday, Fournier, Skey and others, are quoted as authorities, all of whom maintain that *gonor-*

*To Mr. Ricord is due the credit of having introduced a new method of investigating the nature of the venereal diseases; namely, that of inoculating the products of the different affections which arise, with the point of a lancet on some apparently healthy part of the skin of the affected person. By this method of investigation, M. Ricord arrives at the following, among other conclusions: * * * * * "*That blenorrhagia (or gonorrhœa) and chancre, are two affections, entirely distinct.*"

The concurrent testimony of all observers has now ceded to Ricord his first point, namely, that the pus derived from a chancre, contains a very powerful agent which escapes detection by our senses, and which is not found in the pus of blenorrhagin; when this subtle and occult agent is inoculated, the morbid process which ensues, may be traced in the most satisfactory manner. If the pus from a suppurating chancre, during its period of progress, or during the time that it remains stationary, be inoculated, the following succession of events may (according to M. Ricord,) be observed. * * * * "From the fifth day, the subjacent tissue, which had before undergone no change, beyond being slightly œdematous, becomes infiltrated by a plastic lymph, which affords to the touch the peculiar hard and elastic feeling of certain forms of cartilage. * * * (It does not appear how M. Ricord became acquainted with this fact. According to his own published opinion, the process of induration could only take place in those who had not previously had constitutional syphilis; and these, M. Ricord has always, with great propriety, refused to inoculate.)—*Henry Lee.*

Our author truly remarks, also, that "the true chancre is precisely upon the same footing as gonorrhœa; neither the one or the other is auto-inoculable; and hence this test at one time, much insisted upon by Ricord, though not original with him, is proved fallacious." Vidal is one of the latest writers on the opposite side, and maintains that certain persons are naturally incapable of being inoculated with the syphilitic virus; and that in others this immunity may be acquired under certain circumstances. Our author states that "Diday has adduced the testimony of three of the Internes of the Hôpital du Midi in proof of the fact that Vidal invariably treated blenorrhgia as a simple inflammation, without mercury."

rhœa may arise from intercourse with women, who, themselves, have not the disease. The importance of this truth, in a medico-legal point of view, is apparent. The writer has had under treatment, within a fortnight, as severe a case of gonorrhœa as is often seen, accompanied with severe chordee, in a patient whose word could be implicitly relied upon, and who had intercourse with no other female than his wife. She was examined, and no evidence of a venereal disease was present, but she had had the "whites" at the time the husband contracted his gonorrhœa.

Space will not permit any quotations from the chapter upon *stricture* and its treatment, which seems to be all that can be desired in a work of this kind; and we pass on to the one on *syphilis.* He divides the primary ulcer into two varieties: the non-indurated, infecting chancre, or *chancroid,*—a term which is adopted in this work—and the indurated, true chancre. The one is never followed by constitutional taint, and frequently is followed by suppurating bubo; the other is the only *primary* sore which can give rise to secondary symptoms, and is rarely followed by other than indolent buboes. He believes that the virus of these ulcers are *distinct* poisons, which are incapable of confusion, or in other words, that the type of these ulcers remains unchanged in passing from one person to another—and after on able discussion of the views of MM. Bassereau, Clére, Diday, Ricord and others, upon the subject of the unity or duality of the poison, he gives the following corollaries:

"1. Among persons free from previous syphilitic taint, each of the two species of chancre is transmitted in its kind, the simple chancre as a simple chancre, limited in its action to the neighborhood of its site; the infecting chancre as an infecting chancre, followed by constitutional manifestations."

"2. A primary sore, with a soft base, and unaccompanied by induration of the neighboring lymphatic ganglia, in a subject already infected with syphilis, will, when communicated to a person free from syphilitic taint, give rise to a soft or hard chancre, according to the nature of the virus, which occasioned the first mentioned ulcer."

"3. The virus of the non-infecting chancre, is a poison distinct from that of the infecting chancre."

"4. Phagedenic ulceration of a chancre does not depend upon a specific difference in the virus."

Whilst allowing two kinds of *chancrous* virus, it does not follow that there are two kinds of syphilitic virus. The term syphilis, being limited in its meaning to a general disease, as well as local, only embraces the indurated chancre, whilst the soft or *chancroid*, is to be studied apart, as a non-infecting chancre; and as distinct a disease as gonorrhœa. Upon the subject of incubation, our author differs from Ricord; whilst, with him, he agrees that the induration of the chancre is the effect of a general infection of the system, he differs so far as to believe that the infecting chancre, from the earliest period of its existence, is not a local, but a constitutional lesion. If this is true, the importance of a correct diagnosis in all cases cannot be over-estimated, nor can any surgeon justify himself in remaining satisfied that he has saved his patient from constitutional disease, by treating the primary lesion with escharotics, to convert it into an innocuous ulcer, before the chancre is truly formed. On the other hand, the patient is to be saved from a course of mercury, when subject to a simple chancre only. The author does not believe in the abortive treatment of infecting chancre.

The chapters on the diagnosis and general treatment ot chancre and syphilis, are particularly instructive and suggestive; the author is firm in his faith of the value and necessity of a mercurial treatment, early commenced and well-continued in secondary syphilis.

The chapters on syphilization, tertiary syphilis, affections of the skin, mucous surfaces, etc., are as practical as can be desired, and embrace all that can be wanted by the student or practitioner in a text-book or work of reference.

The book is a credit to the author, and a valuable addition to American medical literature.

Scurvy, according to Dr. Rawson, Surgeon to 5th Iowa Regiment,— has already begun to appear among the Missouri

troops, in the form of swollen legs, purpura hæmorrhagica, debility, etc.,—the result of a two months' diet of salt meat or bacon, hard bread or flour, very few potatoes and no other vegetables. Some measures should be at once taken to furnish a supply of anti-scrobutics, if it is impossible to procure better rations.

Editorial.

Medical Department of Lind University.—The regular annual college term in this institution, commenced on Monday, the 4th of October. The introductory lecture was delivered by Prof. E. Andrews, to a full and appreciative audience. Of the lecture itself, we will not speak, as the reader will find it in full in the present number of the Examiner. The term is now fairly in progress, and the courses of instructions, in all departments, going on with the regularity of clock-work. The regular matriculants already number about *sixty*, which shows a most gratifying increase over the number in attendance last year, and clearly indicates the steadily increasing confidence of the profession in the stability of the institution, as well as in the correctness of its plan of instruction. But what is of much more importance, in our estimation, than mere members, is the fact that every member of the present class, has received a good preliminary, and general education, and has entered upon the study of medicine, with habits of industry and mental discipline, coupled with a determination to study. To such a class, it is a pleasure to lecture. When we remember that the present is only the third annual course of lectures since this department of the University was founded; that the present class is double the number of the first; that the institution already possesses a museum of near 7,000 specimens and preparations chiefly anatomical and pathological, a new and ample chemical apparatus and laboratory, and a library of 700 volumes, without one dollar of indebtedness; and that the plans are in active progress for having in readiness a new and permanent college building, at the opening of the next annual session, we see abundant reason for congratulating the

Faculty, and the friends of the school, on its present condition, and fair prospects for the future.

Local Medical Societies.—As we intimated in the October number of the Examiner, the local medical societies in this city have taken a new start, and their meetings are held punctually and well attended. The Chicago Academy of Medicine, holds its regular meetings on the first Friday evening of each month,—and the Chicago Medical Society holds its meetings every Friday evening, except the first one, in each month. We are glad to see, not only the increased attendance, but the greatly increased attention to the subjects chosen for discussion, and the preparation of papers on the part of the members, generally. The profession in this city, contains material for as profitable and interesting social and scientific unions, as exist in any other city.

Communications are at hand, and will receive due attention, —from Ashbel Woodward, M. D., President of the Conn. Med. Society, on *Chloroform in Catalepsy;* from Dr. E. L. Holmes, Surgeon to the Chicago Eye and Ear Infirmary, on *Extirpation of the Eye;* from S. W. Wallace, M. D., of Carthage, Wis., *a Case of Protracted Chloroformic Anæsthesia;* from M. O. Heydock, M. D., of Chicago, on *The Therapeutical Uses of Muriate of Ammonia;* from a New York correspondent, on the opening of the New York Ophthalmic School; and from other correspondents and contributors, all of which we gratefully acknowledge.

Close of the Volume.—The December number will end the second volume of the Examiner. Of the prospects and intentions for the future, however, we do not now propose to speak; but merely allude to the fact, in order to call the attention of our subscribers to the renewal of their subscriptions. The coming number will contain the first of a series of papers on *Ovarian Tumors*, from the pen of Wm. H. Byford, M. D., Professor of Obstetrics and Diseases of Women and Children; also, the Index to the volume, and a number of favors from correspondents and contributors, unfortunately crowded out.

Rush Medical College.—The commencement of the regular college term in this institution, took place on Wednesday, the 16th day of October. The general introductory was given by Prof. DeLaskie Miller. Not being present, we cannot speak definitely, either of the lecture or of the audience, but we presume both were creditable to the institution. The number of students indicates a fair degree of prosperity.

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